

L'Agapanthe™

Maison de transition de La Passerelle-I.D.É.

Policies & Procedures Manual

April 7, 2025

**These Policies and Procedures align with the Toronto Shelter Standards (TSS).
The Manual should be read in conjunction with Le Manuel du Conseil
D'Administration et les Politiques des Ressources Humaines**

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1. Service Delivery



1. Service Delivery

1.1. Anti-Racism, Equity and Access Framework

POLICY DETAILS	
POLICY NAME	Anti-Racism, Equity and Access Framework
POLICY GROUP	Service Delivery
POLICY NUMBER/CODE	1.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Manuel du CA – Anti-Oppression Policy
TSS REFERENCE	Section 5
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	All employees, volunteers

Policy

La Passerelle-I.D.É. is a non-profit agency that supports the integration and economic development of Black and racialized francophones of African origin. La Passerelle-I.D.É. provides culturally appropriate francophone services for immigrants and refugees that promote integration including employment, transitional housing and settlement.

La Passerelle-I.D.É. recognizes that certain people in our society face oppressive experiences because of individual and systemic unequal power related to race, colour, culture, ethnicity, language and linguistic origin, ability, socio-economic class, age (children, youth, seniors), ancestry, nationality, place of birth, religion or faith or other forms of conscientiously held beliefs, sex, gender (including gender identity and expression), sexuality (including sexual orientation), family status (including marital status), and residency/migratory status in Canada.

We recognize that these forms of unequal power have impacted in particularly harsh ways the Aboriginal population in Canada. We also acknowledge that La Passerelle-I.D.É. reflects the society in which we live, and that uses of unequal power exist within La Passerelle-I.D.É..

La Passerelle-I.D.É. recognizes that individuals may have power in some way, sometimes in more than one way, even though they can experience oppression in another way or multiple, combined ways. For example, someone who experiences oppression because of race, may have some degree of privilege and power because of gender.

La Passerelle-I.D.É. recognizes that unequal power operates both at a personal level in interactions between people, and at a systemic level through rules, structures and practices. We recognize that refugees' flight is the result of experiences of oppression, and those refugees are subject to various forms of discrimination and oppression within Canada. La Passerelle-I.D.É. recognizes the need for broad change, and the need for combating oppression in and through our work, so that all refugees are treated with dignity and their rights are recognized and protected.

La Passerelle-I.D.É. values the contributions of each individual who supports us in fulfilling our mission. La Passerelle-I.D.É. recognizes that discriminatory and oppressive acts and mechanisms can prevent individuals from engaging with La Passerelle-I.D.É. in a way that fully reflects their ability, experience and contributions. We recognize that such barriers can limit not only their contributions, but also their potential to engage with La Passerelle-I.D.É. at all levels, particularly at the levels of leadership.

La Passerelle-I.D.É. recognizes that individuals and groups who are disempowered and marginalized because of discrimination have the capacity to make choices and act on their own behalf to bring about change that will eliminate oppression for themselves and others.

La Passerelle-I.D.É. also recognizes that understanding, acknowledging and working to eliminate oppression is a learning process for all. We recognize that different people can be at different stages in the learning process. We recognize that we all need to make the effort to learn, create opportunities for learning and assist each other in the learning process.

Organizational Commitments

La Passerelle-I.D.É. is an organization committed to:

1. The elimination of all forms of oppression in its provision of programs and services in order to create and maintain a safe environment that facilitates open and respectful participation of staff, clients, volunteers, students, community and board members
2. Advocating for change, acknowledging that inequitable practices and resource distribution and utilization create systemic barriers for different communities
3. Supporting other work that is being carried out, including networks, coalitions and community initiatives that are committed to the elimination of oppression specifically, and in all its forms
4. Being proactively engaged in anti-oppression training for staff, board, volunteers, and students
5. Conducting education with our partners, clients and the public about the impact of the various oppressions
6. Challenging various forms of oppression in the media, government campaigns and policies and in other institutions
7. Examining and improving all practices, policies and protocols, on an ongoing basis, to ensure compliance with this policy.

Definitions

- **Anti-Racism** is a set of practices and systems designed to eliminate racism.
- **Access** is the ability of or extents to which communities or residents can attain needed services and achieve full participation in the planning, development, administration and delivery of those services. Access includes client access and organizational access.
- **Equity** is a set of practices designed to remove systemic barriers to attain equality of outcome for designated/equity-seeking groups by identifying and eliminating discriminatory policies and practices, instituting special measures and accommodation of differences.

Principles, Values and Assumptions

An integrated anti-racist, equity and access framework is based on the following principles, values and assumptions:

1. **Heterogeneity versus Homogeneity**

This principle recognizes that:

- all individuals are “different” or “diverse”
- the “same” approach creates barriers
- an “equity” approach is merited using different approaches to each person based in “who” the person is in all their identities – visible and invisible

2. **Center versus the Margins**

This principle recognizes that:

- Race and Racism must be at the center or the entry point
- The equity and equality rights of the most marginalized by racism globally are at the center of any social justice struggle from the beginning and not an add on

3. **Interconnectedness versus Separateness**

This principle recognizes that:

- Race and other social identities are interconnected and not discrete

4. **Simultaneity versus Discreteness**

This principle recognizes that:

- Race and other identities are simultaneously and differently experienced by different people

5. **Holistic versus Fragmented**

This principle recognizes that:

- All the social identities must be considered together as a whole
- “Whole is more than the sum of its parts”

6. **Bubble Up versus Trickle Down**

This principle recognizes that:

- Equality cannot be achieved for those at the bottom until the material lived reality of those at the bottom is changed

7. **Impact versus Intent**

This principle recognizes that:

- The adverse impact of barriers must be eliminated, and the intent of those perpetuating barriers shall not influence, minimize, divert, dilute the need for barrier elimination

Therefore, an integrated Anti-Racism, Equity and Access **framework** must be at the center of the life and practices of an organization as an organizing principle to ensure barrier free services to all residents not some residents only. Lastly, that the most marginalized residents by globalized racism in all their diversity must have equity and access to all programs and services.

1.2. Principles of Settlement Counselling

POLICY DETAILS	
POLICY NAME	Principles of Settlement Counselling
POLICY GROUP	Administration
POLICY NUMBER/CODE	1.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	Section 5
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	All employees

Policy

Staff shall provide settlement and trauma related crisis intervention and counselling from an integrated anti-racist framework with a strong feminist/gender analysis and understanding of issues of power, privilege and oppression within the counselling context or relationship.

Principles, Values & Assumptions

Staff shall inform their counselling approach with the following principles:

1. Non-judgmental
2. Supportive and empowering
3. Framing and re-framing the trauma from self-blame to externalizing the onus on the perpetrator
4. Non-punitive
5. Hold the experiences and feelings of the client and not reverse the role of the client to taking care of the staff
6. Maintaining clear boundaries
7. Manage own emotional issues and not project it on the client
8. Constantly evaluate interventions and understanding and refrain from misusing a notion of dependencies to not work with the client
9. Refrain from pressuring a client to recant their complaint against staff
10. Hold other staff accountable
11. Declare a conflict of interest when the client is known to the staff
12. Work from the best interest of the client and the agency
13. Other as in the Professional Conduct and Code of Ethics

2. Administration



2. Administration

2.1. Conflict of Interest – Staff

POLICY DETAILS	
POLICY NAME	Conflict of Interest - Staff
POLICY GROUP	Administration
POLICY NUMBER/CODE	2.1
DATE ISSUED/APPROVED	December 2021
POLICY HISTORY OR LOCATIONS	Politiques des Ressources Humaines
TSS REFERENCE	Section 5
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	All employees, volunteers

Introduction and Definitions

This Policy recognizes the importance of enhancing confidence in the integrity and activities of La Passerelle-I.D.É.. The Policy establishes rules for the appropriate standards of conduct with regards to possible conflicts of interest, or for preventing and resolving conflicts of interest that involve employees and volunteers.

“Conflict of Interest” is any situation or circumstance where:

- an employee or volunteer’s personal, professional, business or volunteer interests, or,
- those of a close friend, family member, business associate, corporation or partnership in which an employee holds a significant interest, or a person to whom an employee or volunteer owes an obligation

could influence and impair the employee or volunteer’s ability to:

- act in La Passerelle-I.D.É.’s interests, or
- represent La Passerelle-I.D.É. fairly, impartially and without bias

“Apparent Conflict of Interest” exists when there is a reasonable apprehension, which a reasonably well-informed person could properly have, that a real Conflict of Interest or potential Conflict of Interest exists.

“Potential Conflict of Interest” occurs when there exists some private, personal, monetary or non-monetary interest that could influence the performance of an employee’s or volunteer’s job function, decisions, functions or the exercise of power provided that the employee or volunteer has not yet exercised that duty or function or made that decision.

“Real Conflict of Interest” occurs when an employee or volunteer exercises power, decides, or performs a duty or function and knows that in the performance of this duty or function, or in the exercise of this power, or in the making of the decision, there is a furtherance, directly or indirectly, of his or her private, personal, monetary or non-monetary interest.

“La Passerelle-I.D.É. information” is any information or document that is disclosed to an employee or volunteer, whether in writing, orally or through some other medium of communication, solely by reason of his or her involvement with the La Passerelle-I.D.É. and which is not otherwise available publicly.

“Employee” means an individual who is employed by La Passerelle-I.D.É..

“Volunteer” means an individual who actively volunteers their time and skills to La Passerelle-I.D.É..

“Family Member” includes a parent, spouse or partner, household member, child, sibling, uncle, aunt, niece or nephew, brother-in-law or sister-in-law.

“Household Member” means any person who lives in the same household with another person, whether they are related or not, but it does not include tenants in the household.

“Interest” means a direct or indirect interest in the outcome of a decision made by the employee or volunteer. For the purpose of this policy “direct” and “indirect” are defined as follows:

“Direct Interest” means a benefit received by a close friend, family member business associate, or a corporation or partnership in which the employee holds a significant interest or is involved as a volunteer (including, without limitation, as a director or officer of another agency);

“Indirect Interest” means a benefit that protects or advances the interests of an employee or volunteer, although the benefit may not involve money.

Guidelines for the Application of the Policy

Upon hire, in their employment package each new employee, or orientation package for new volunteers will have a copy of the Conflict-of-Interest policy and sign a Conflict-of-Interest Declaration.

Employees or volunteers shall not directly or indirectly use, or allow the use of, La Passerelle-I.D.É. assets, property of any kind, including leased property, for anything other than that approved by La Passerelle-I.D.É..

Employees and volunteers must carry out their responsibilities to La Passerelle-I.D.É. and arrange their private affairs in such a manner that any Conflict of Interest is prevented.

Procedure to Manage and Resolve Conflict of Interest

Disclosure

An employee or volunteer who has, direct or indirect interest or influence in a decision of La Passerelle-I.D.É. that creates a Conflict of Interest must disclose the nature and extent of their interest to their manager. An employee, for example, who is a friend or family member of someone seeking admission to the transition home should not be involved in that individual’s admission and intake. Likewise, a case worker who is related to a resident should not be assigned case management of that resident’s file.

An Employee or volunteer who perceives another employee to be in a Conflict of Interest must disclose the perceived conflict to their manager as soon as it comes to his or her attention or, if the perceived conflict concerns their manager to the Executive Director.

Resolve and Manage

If management decides there is a Conflict of Interest, then the employee or volunteer shall be excused from any discussion or decision that relates to their interest.

An employee or volunteer who discloses a Real Conflict of Interest or is found to be in a Real Conflict of Interest that results, directly or indirectly, in a monetary, personal or other benefit to them shall not participate in any way in the approval process relating to a contract or the decision.

Consequences of Breach of Policy

Upon determining that an employee or volunteer has breached the provisions of this policy or failed to disclose a conflict of interest to their Manager, appropriate disciplinary action may be imposed by management, in addition to any other sanctions required by law, up to and including termination of employment or volunteer activity with La Passerelle-I.D.É..

Appendix: Declaration of Understanding of Conflict of Interest (Staff/volunteer)

I, _____, an employee/volunteer of La Passerelle-I.D.É., have read and understood the Conflict of Interest Policy applicable to employees/volunteers.

If I believe that I may be in a conflict-of-interest, I agree to notify management of such possible or actual conflict of interest, in accordance with the conflict-of-interest policy, indicating the nature and extent of the interest and any potential personal benefit that may result.

DATED this ____ day of _____ 20__.

NAME: _____

POSITION: _____

SIGNATURE: _____

2.2. Conflict of Interest – Board of Directors

POLICY DETAILS	
POLICY NAME	Conflict of Interest – Board of Directors
POLICY GROUP	Governance
POLICY NUMBER/CODE	2.2
DATE ISSUED/APPROVED	November 2020
POLICY HISTORY OR LOCATIONS	Manuel du Conseil D'Administration
TSS REFERENCE	Section 5
REVIEW DATE	February 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	All Board Directors

Objective

All directors have an obligation to ensure that public confidence in the integrity of the board's decision-making processes is maintained. Directors shall ensure that they and other members of the Board are free from real, potential or perceived conflicts of interest in their decision-making. It is important for all directors to understand their obligations when a real, potential or perceived conflict of interest arises.

Application

All directors, including ex-officio directors and committee members who are not members of the board of directors, must avoid situations where they may be in a conflict of interest. The process set out in this policy is followed when a conflict, perceived conflict, or potential conflict arises.

Examples of conflict of interest

The situations in which conflicts of interest may arise cannot be exhaustively defined. Conflicts typically arise in the following situations:

1. Director's interest "Wear two hats": When a director deals directly or indirectly with the organization. When a director has a significant direct or indirect interest in a transaction or contract with La Passerelle-I.D.É..
2. Parent interest: When an organization does business with suppliers of goods or services or any other party of which a relative or a member of a director's household is a director, officer or representative.
3. Gifts: When a director or a member of the director's household or any other person or entity designated by the director accepts donations, payments, services, or any other face value from a party with whom La Passerelle-I.D.É. may engage in business transactions (including a supplier of goods or services) for the purpose of (or which may be perceived as having the purpose of) influencing an act or decision of the board of directors.

4. **Acting for Improper Purposes:** When directors exercise their powers motivated by self-interest or other improper purposes. Directors should act only in the best interest of La Passerelle-I.D.É..
5. **Business Opportunity Ownership:** When a director turns inward, uses an opportunity or benefits that belongs to La Passerelle-I.D.É. for him/herself
6. **Obligation to disclose valuable information to La Passerelle-I.D.É.:** When directors fail to disclose information relevant to a critical aspect of La Passerelle-I.D.É.'s business.

Process for the proactive management of potential conflicts of interest

The Chair of the Board shall ensure that all new Board members are informed of their legal obligations with respect to confidentiality and conflicts of interest while serving as members of the Board of Directors.

In addition to the above, each Director, and Committee member who is not a member of the Board of Directors, is required to sign an Annual Declaration Form – see Appendix A – at the first meeting of the Board of Directors following the Annual Meeting of The IDE Bridge or as soon as practicable.

Dispute Resolution and Breach of Duty Process

☐ **Disclosure of Conflicts**

A director who is in a conflict or potential conflict must immediately disclose such conflict to the board of directors by notice to the chair or a vice-chair of the board. The conflict must be communicated to the Chair or Vice-Chair and the Board as soon as possible and prior to any discussion and vote on the matter. In the event that there is an allegation about a real, potential or perceived conflict of a particular director, the matter must be reported to the Chair or Vice-Chair first and then reported to the Board. The disclosure must be sufficient to identify the nature and extent of the director's interest.

☐ **Refrain from discussions**

The Director shall abstain or not be present (as appropriate) when considering the matter in which he or she is in conflict and shall not attempt in any way to influence the vote.

☐ **Dispute Resolution Process**

All directors must comply with the requirements of this policy. It is recognized that not all real, potential or perceived conflicts can be satisfactorily resolved through strict adherence to this policy. There may be instances where the perception of a conflict of interest or breach of duty may be detrimental to La Passerelle-I.D.É., even if it has complied with this policy.

It is recognized that if a dispute or other matter referred cannot be resolved to the satisfaction of the Board (by simple majority resolution) or if a breach of duty has occurred, a director may be asked to resign or may be subject to dismissal under the regulations and the Corporations Act.

APPENDIX A – ANNUAL DECLARATION FORM

Each member of the Board of Directors and all non-members of Committees of the Board of Directors are required to complete, sign and deliver this Annual Declaration Form to the Chair of the Board of Directors. If you have any questions about this form, please contact the Chair of the Board of Directors.

1. Consent

I am: [check the appropriate box]

- ☐ an elected member of the Board of Directors and agree to act as a director of La Passerelle-I.D.É..
- ☐ a non-member of the Board of Directors and consent to serve La Passerelle-I.D.É. as a member of a committee of the Board.

2. Compliance with policies

I confirm that I have read and understood the following policies that have been approved by the Board (collectively, the "Policies").

- Code of Conduct
- Confidentiality
- Conflict of interest

☐ I agree to abide by the above policies and other La Passerelle-I.D.É. policies that apply to the Board of Directors.

3. I understand and acknowledge that

☐ Failure to comply with the conflict-of-interest policies or the Code of Conduct will be considered a breach of my obligations to La Passerelle and may result in my dismissal or termination.

☐ I am bound by the Conflict-of-Interest Policy, including the disclosure requirements that apply to me.

☐ As a member (elected or not), I have a fiduciary responsibility to La Passerelle-I.D.É. as part of my fiduciary responsibility:

1. I will look at corporate information that is confidential;
2. I can see specific customer information that is confidential;
3. All confidential information that I have access to or that I learn through my affiliation with La Passerelle-I.D.É. must remain confidential;
4. This requirement for confidentiality must survive my membership on the Board or Committee and extend in perpetuity

Signature

Print Name

Date

2.3. Professional Conduct and Code of Ethics

POLICY DETAILS	
POLICY NAME	Professional Conduct and Code of Ethics
POLICY GROUP	Administration
POLICY NUMBER/CODE	2.3
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Politiques des Ressources Humaines
TSS REFERENCE	12.4.1
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	All employees

Policy

Regulations for the acceptable conduct and behavior of employees are necessary for the orderly operation of the agency, for the benefit and protection of the rights and safety of employees and clients, and the protection of agency assets. Employees are expected to govern their behavior and conduct in a manner consistent with the guidelines set out herein.

La Passerelle-I.D.É. is committed to providing an empowering environment to vulnerable immigrants and refugees through rigorous compliance with Social Work Ethics. Through an application of an integrated anti-racist, access and equity framework, La Passerelle-I.D.É. shall ensure excellence in services and prevent any abuses of the prevailing unequal relation between employees and clients based both in social identities and organizational identities.

La Passerelle-I.D.É. is committed to maintaining a work environment that is free of illegal drugs, alcohol, firearms, explosives, or other improper materials. The possession, transfer, sale, or use of such materials on agency premises or during the conduct of agency business is prohibited.

A breach of this policy will result in discipline up to and including discharge. Inappropriate and unacceptable conduct and behavior as outlined below could result in disciplinary action up to and including termination **“with cause”**, without notice or pay in lieu thereof.

Purpose

The purpose of this statement of Policy and Procedure is to provide guidelines, which may be changed from time to time, to promote understanding of what is considered acceptable conduct and behavior, and to encourage consistency throughout the agency.

Scope

Applies to all employees.

Responsibility

Each employee is responsible for observing rules of conduct that are normally accepted as standard in a publicly funded social service enterprise.

Managers are responsible for counselling employees promptly when their conduct and behavior is inconsistent with the intent of this Statement of Policy and Procedure.

References And Related Statements Of Policy And Procedure

HR – Employment Principles

HR – Employee Relations Principles

HR - Workplace Violence and Harassment

HR - Collective Agreement – Article 3

PP – Integrated Anti-Racist, Access and Equity Principles within a framework of Power, Privilege and Oppression

Procedures

- **Appropriate behavior and conduct** includes but is not limited to:
 - Adherence to published policies, practices and procedures;
 - Competent performance of all assigned job duties. This involves but is not limited to;
 - Acknowledging when you are in a situation that you are not adequately skilled to handle and seeking direction and support from peers and supervisors as needed;
 - Updating professional knowledge and skills when possible;
 - Prompt and regular attendance at work;
 - Courtesy to and respect for co-workers, residents, management staff, board members, trades people or any other person who deals with the agency in the conduct of its business. Showing Courtesy and Respect for Clients includes, but is not limited to:
 - Understanding that their workplace is a Client's temporary home and attempting to minimize the impacts of their presence in sleeping areas and washrooms;
 - Clearly explaining the purpose of requests for a Client's information;
 - Ensuring that Clients have clear and accurate information in order to make informed decisions.
- **Inappropriate Conduct and Behavior** includes but is not limited to:
 - Leaving work early or coming to work late without management permission
 - Using obscene abusive language
 - Spreading malicious gossip or rumors
 - Harassing, threatening, intimidating, coercing any person at any time
 - Racist and other discriminatory slurs and jokes
 - Passively and actively participating in rumor and gossip about other employees
 - Inability to deal with conflict with other employees directly and to undermine the employee through a malicious character assassination/defamation of character inside/outside the agency
 - Reporting to work or working under the influence of alcohol, drugs, or prohibited substances
 - Creating or contributing to unsanitary conditions
 - Insubordination
 - Personal use of telephones, computers, fax machines, photocopiers, Internet, TV without permission
 - Gambling, lotteries, or any other game of chance while on agency premises.
- **Unacceptable Conduct or Behavior** includes but is not limited to:

- Possession of guns, weapons, or explosives on agency property
- Possession, consumption or use of alcoholic beverages or illegal substances while on agency premises
- Solicitation of other employees or residents, for any reason, during working hours, unless approved in advance by the Supervisor
- Willful violation of safety rules and procedures
- Willful neglect and/or mishandling of agency equipment and property
- Theft and/or falsification of agency records
- Theft of donations and agency property
- Indecency
- Fighting
- Poor or careless work
- Sleeping while on duty
- Accepting gifts, favors or gratuities from firms, organizations, agents, employees, residents, or other individuals who may or do conduct business with the agency
- Family or friends visiting when staff is working without pre-authorization from management
- Conduct that undermines the agency when representing the agency in community networks
- Speaking to the media without authorization from management

➤ **Unacceptable Conduct or Behavior re Social Work Ethics** includes but is not limited to:

- Abuse of the inherent position of power as staff/counsellors
- Abuse of staff/client or counsellor/counselee boundaries
- Permitting the development of and maintaining relationships of “friendships” during and after the exit of clients
- Imposing personal beliefs or standards on others;
- Breach of client confidentiality except where the law requires an obligation to report
- Using alcohol and drugs with clients
- Developing sexual relations with clients
- Disclosure of staff home addresses, phone numbers and email addresses to clients, former clients and external persons to the agency
- Lending personal money or giving gifts to clients
- Receiving gifts from clients as a token of appreciation beyond thank you cards and/or gift of more value than \$5.00 to \$10.00
- Visiting former clients at their homes without pre-authorization from management
- Conducting case management related activities in secrecy outside the agency without pre-authorization from management
- Self-disclosure to clients that is not healthy in a therapeutic relationship & reverses the roles
- Disclosure of information to clients about other employees
- Failure to report client abuses contrary to law and policy
- Failure to declare conflict of interest that compromise professional case management or organizational related decisions

2.4. Good Neighbour Policy

POLICY DETAILS

POLICY NAME	Good Neighbour Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	2.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	12.2.4
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Board, Management, Staff

Purpose

The purpose of the Good Neighbour Policy is to outline how La Passerelle-I.D.É.'s transition home engages, communicates, and works with its surrounding community to foster a productive and positive relationship.

Policy

La Passerelle-I.D.É. transition home recognizes the importance of being a good neighbour and is committed to fostering a positive relationship with the community within which it is located, including local residents, businesses and community groups. For this purpose, La Passerelle-I.D.É. will strive to make itself accessible to its neighbours and respectfully respond to any concerns or issues which may arise.

Procedures

Engagement & Communication: La Passerelle-I.D.É.'s transition home will encourage open communication and cooperation between local residents, businesses, community groups and La Passerelle-I.D.É. through:

- Ensuring the La Passerelle-I.D.É. is accessible:
 - Staff will provide local resident, businesses and community groups with La Passerelle-I.D.É.'s transition home phone number and email;
 - All communication will be responded to in a timely manner and documented in an assigned binder.
- Participating in local community meetings:
 - Designated staff will attend and participate in community meetings

Problem-solving: La Passerelle-I.D.É. transition home will work with neighbours and neighbouring businesses and community groups to address concerns and solve any issues which may arise. Staff will:

- Respond in a timely manner to any complaints and assist neighbours in addressing concerns where possible.
- Staff will provide the contact information for Toronto Shelter and Support Services (TSSS) and the Office of the Ombudsman to any individual who wishes to make a complaint about a City of Toronto or TSS program, service or responsibility.
- All communication will be documented in an assigned binder.

Responsibilities

- Share La Passerelle-I.D.É.'s transition home contact information with neighbours: Management/ designated staff
- Participate in opportunities for community engagement: Management/ designated staff
- Respond to concerns or complaints: Management/ designated staff
- Document all communication: Management/ designated staff

3. Privacy & Confidentiality



3. Privacy and Confidentiality

3.1. Privacy

POLICY DETAILS	
POLICY NAME	Privacy Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	3.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Manuel du Conseil d'Administration, Politiques de Ressources Humaines
TSS REFERENCE	12.6
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	All employees, volunteers

Policy

The Privacy Policy affirms La Passerelle-I.D.É.'s commitment to privacy and sets out the manner in which La Passerelle-I.D.É. safeguards personal information in its custody or control. Protecting the privacy and confidentiality of personal information is an important aspect of the way La Passerelle-I.D.É. conducts its business. Collecting, using, and disclosing personal information in an appropriate, responsible, and ethical manner is fundamental to La Passerelle-I.D.É. daily operations.

La Passerelle-I.D.É. has adopted reasonable measures to protect the confidentiality, privacy and security of personal information of its clients, employees, volunteers, and so on. All La Passerelle-I.D.É. employees, volunteers must abide by the organization's policies, procedures and practices when handling personal information. La Passerelle-I.D.É. complies with all Funder guidelines and adopts the ten privacy principles set out in the National Standard of Canada Model Code for the Protection of Personal Information ("Privacy Principles"). These include:

- Principle 1 - Accountability
- Principle 2 - Identifying Purposes
- Principle 3 - Consent
- Principle 4 - Limiting Collection
- Principle 5 - Limiting Use, Disclosure and Retention
- Principle 6 - Accuracy
- Principle 7 - Safeguarding Information
- Principle 8 - Openness
- Principle 9 - Client Access
- Principle 10 - Handling Complaints and Suggestions

Scope

This policy applies to all La Passerelle-I.D.É. employees and volunteers, including members of the Board of Directors.

Definitions

Agent - a person who acts, with the authorization of La Passerelle-I.D.É., for or on behalf of the organization in exercising powers or performing duties with respect to personal information for the purposes of the organization, and not the agent's own purposes, whether or not employed by the organization or remunerated. Agents may include volunteers, students, consultants, vendors and contractors.

Client – A current or past resident of La Passerelle-I.D.É..

Collection – involves the act of gathering, acquiring or obtaining personal information from any source, including from third parties, by any means.

Consent - means the voluntary agreement with what is being done or proposed. Consent can be either express or implied. Express consent is given explicitly, either orally or in writing. Express consent is unequivocal and does not require any inference on the part of the persons seeking the consent. Implied consent arises where consent may reasonably be inferred from the action or inaction of the individual.

Disclose - release or make personal information available to another person, organization or information custodian; it does not mean to use the information. Disclosure is to be distinguished from the “transfer” of information to agents or third parties who are simply processing the information on the organization's behalf.

Identifying information - any information that identifies an individual or that one could reasonably foresee might be used either on its own or with other information to identify an individual.

Personal information – means identifying information, but does not include the name, title or business address or telephone number of an employee of La Passerelle-I.D.É.. It includes information such as:

- name, date of birth (and age), marital status, family status, nationality, race, gender, sexual orientation,
- health/medical history, employment history, education history, criminal history, financial information/history,
- personal address, telephone number, e-mail address, social insurance number, health card number, fingerprints, blood type,
- the individual's name if it appears with other personal information relating to the individual, or where the disclosure of the name would reveal other personal information about the individual.

Guiding Principles

Accountability

La Passerelle-I.D.É. assumes accountability for personal information within its custody or control. La Passerelle-I.D.É. has appointed the Executive Director as La Passerelle-I.D.É. Privacy Officer.

The Privacy Officer is responsible for monitoring and evaluating La Passerelle-I.D.É. privacy practices and for ensuring compliance with privacy requirements.

Identifying Purposes for Collection, Use and Disclosure of Personal Information

La Passerelle-I.D.É. identifies the purposes for which personal information is collected at or before the time the information is collected.

La Passerelle-I.D.É. collects and uses personal information for the purposes of conducting its business. La Passerelle-I.D.É. uses personal information for the following purposes:

1. To deliver Client services and conducting its day-to-day operations.
2. To report to, and conduct business with, its Funders as required (City of Toronto and Ministry of Community and Social Services).
3. To administer employment related processes such as recruitment and selection, pay and benefits, compliance with all lawful government reporting requirements and to manage other essential employment matters.

Individuals are entitled to know how La Passerelle-I.D.É. uses personal information. La Passerelle-I.D.É. limits the use of personal information collected to that which is needed for those stated purposes. La Passerelle-I.D.É. will obtain consent from the individual if personal information is to be used or disclosed for any other purpose.

Clients using the Shelter Management Information System (SMIS), operated by the City of Toronto, are advised that personal information will be collected and stored in accordance with SMIS guidelines. La Passerelle-I.D.É. follows the processes established by the City of Toronto in this regard.

Consent for the Collection, Use and Disclosure of Personal Information

The knowledge and consent of the individual are required for the collection, use, or disclosure of personal information, except where inappropriate. In order to be knowledgeable, La Passerelle-I.D.É. will make reasonable efforts to ensure that the individual is advised of the purposes for which the information will be collected, used or disclosed. The purposes must be stated in such a manner that the individual can reasonably understand how the information will be used or disclosed.

La Passerelle-I.D.É. does not distribute or otherwise disclose personal information or contact lists to third parties.

La Passerelle-I.D.É. uses and discloses personal information for purposes consistent with those identified at the time it is collected, unless it has the consent of the individual or the use or disclosure is required by law. Personal information will not be disclosed to a third party without express consent of the individual, or as required by law.

La Passerelle-I.D.É. may use personal information without the individual's consent under particular circumstances. These situations include, but are not limited to:

- An emergency exists that threatens an individual's life, health, or personal security.
- The personal information is for in-house statistical reporting, study or research.
- The personal information is already publicly available.

Personal information may be disclosed without the individual's consent in certain circumstances, for example:

- For the purposes of complying with statutory requirements, for example, the mandatory obligation to report a child in need of protection to a Children's Aid Society under the *Child and Family Services Act*.
- Where required to comply with a subpoena, warrant or order issued by a court

When La Passerelle-I.D.É. is required by law to disclose personal information, for example, pursuant to an order of a provincial or federal court, La Passerelle-I.D.É. may seek legal advice prior to the disclosure of any personal information.

Release of personal information to police or law enforcement agencies shall be handled in accordance with La Passerelle-I.D.É. procedures. La Passerelle-I.D.É. does not disclose personal information of employees to third parties without the employee's consent, unless required by law. Requests from third parties for employee personal information, including verification that an individual works at La Passerelle-I.D.É., must be directed to the Executive Director. Unless the personal information must be disclosed by law, the employee will be made aware of the personal information that is being requested and given the opportunity to provide his or her consent or refusal to the disclosure.

Limiting Collection of Personal Information

The collection of personal information is limited to that which is necessary for the purposes identified by La Passerelle-I.D.É.. Information is collected by fair and lawful means.

La Passerelle-I.D.É. obtains personal information directly from the individual to whom the information belongs, or from an individual authorized to act on the individual's behalf.

Limiting Use, Disclosure and Retention of Personal Information

La Passerelle-I.D.É. uses, discloses and retains personal information for purposes consistent with the purpose for which it was collected. Use and disclosure for other purposes requires consent from the individual unless authorized by law.

La Passerelle-I.D.É. retains personal information for the duration it is needed for conducting business and in accordance with statutory or contractual requirements. Once personal information is no longer required, it is destroyed in a safe and secure manner.

Accuracy

La Passerelle-I.D.É. makes reasonable efforts to ensure that personal information collected, used or disclosed by or on its behalf is accurate and complete, as is necessary for the purposes for which it is to be used.

Safeguards

La Passerelle-I.D.É. maintains personal information through a combination of paper and electronic files. Where required by law or in accordance with disaster recovery/business continuity policies, older records may be stored in a secure, offsite location. La Passerelle-I.D.É. uses contractual or other means to provide a comparable level of protection when personal information is transferred to a service provider or agent.

La Passerelle-I.D.É. protects personal information with appropriate security measures, physical safeguards, and electronic precautions to prevent unauthorized access, collection, use, disclosure, copying, modification, disposal or destruction, including the following measures:

- Access to personal information regarding La Passerelle-I.D.É. Clients is restricted to La Passerelle-I.D.É. Staff who require the information to perform their job duties.
- La Passerelle-I.D.É. computer systems and the SMIS database are secured by passwords. Only authorized individuals may access secure systems and databases. Please refer to SMIS and Case Management Software privacy guidelines.
- Active files are kept in locked filing cabinets at the residence. Inactive/closed Client files may be stored in a secure location at La Passerelle-I.D.É..
- Routers and servers connected to the Internet are protected by a firewall and are further protected from virus attacks or “snooping” by sufficient software solutions. These are monitored regularly by La Passerelle-I.D.É. IT service provider to protect against security breaches.
- Personal information is not transferred to volunteers, summer students, interns, or other non-paid staff by e-mail or any other electronic format.
- Staff of La Passerelle-I.D.É. are required to follow Privacy and Security Guidelines for the protection of personal information

Openness

La Passerelle-I.D.É. has developed and follows privacy and security policies and practices that are compliant with legislation and applicable guidelines. Information about its privacy practices are publicly available.

Client Access

Upon request, Clients have a right to request access to personal information that La Passerelle-I.D.É. holds about them, subject only to limited and specific exceptions. In most instances, La Passerelle-I.D.É. will grant individuals access to their personal information upon presentation of a written request and satisfactory identification. Should La Passerelle-I.D.É. deny an individual’s request for access to his or her personal information, La Passerelle-I.D.É. will advise in writing of the reason for such a refusal. The individual may then challenge the decision.

An individual who has been granted access may request correction or amendment to their information by notifying the Executive Director in writing.

Compliance Challenges

Individuals are encouraged to bring any concerns or issues regarding privacy to the Privacy Officer for discussion and response. La Passerelle-I.D.É. will investigate all complaints. If a complaint is found to be justified, the La Passerelle-I.D.É. will take appropriate measures, including, if necessary, amending its policies and practices.

Disciplinary action up to and including termination for cause shall be taken against any employee who fails to observe or violates this policy.

Procedures

All staff, volunteers and student placements must:

1. Sign a confidentiality agreement that will be kept in their file
2. Respond to telephone inquiries about any resident/ex-resident at the transition house by never confirming that the person is:
 - Known to them
 - If the person is staying at the residence or not
3. Take a message and indicate to the person making inquiries that:
 - ***If*** the person is a resident the message will be passed on to the resident
 - Furthermore, ***if*** the person is a resident, it is up to the resident to respond to the message
4. Not conduct any case management activity in the presence of another resident.
5. Refrain from using a resident for an interpreter unless unavoidable and only with the consent of the resident that should be duly documented, and a Release of Information signed prior to or immediately after the intervention
6. Inform residents that their right to confidentiality has limitations. In the following circumstances we may be required to disclose confidential information:

a. Warrant or Court Order

We may receive a subpoena from court requiring that we release information. As soon as we have knowledge of this the agency and its agents will attempt to inform the resident/ex-resident.

The resident/ex-resident shall be informed that she/he has the right to retain a lawyer to assist her/him if the resident wishes the disclosure not to occur.

b. Criminal Activity

We are under no obligation to keep confidential information relating to the commission of a crime.

c. Suspected Child Abuse

Where staff, volunteers and student placements suspect child abuse or have knowledge that a child is being abused or neglected the staff has a legal obligation to report the same to Child Protection Services.

d. Safety of Self or Others

Where a resident is engaging in activities that are assessed to put the safety of others and or the resident at risk, information may be released to emergency services and related health professionals whose help is being sought, or a referral is being made. For example, when a resident overdoses then relevant information is to be released to the medical personnel in attendance.

A resident who wishes to read her/his file must inform the staff of the request. The staff shall:

1. Inform management of the request
2. Arrange a time between 9am-5pm Monday to Friday for the resident to review the file for no more than an hour
3. Staff shall be present while the resident reviews the file.

Privacy Breach Protocol

Immediate Action: In the event of a privacy breach, staff must take immediate action and inform the Executive Director. All breaches are to be managed by the Executive Director.

Step 1 - Confirm: Confirm the breach and assess its circumstances, involving the transition home manager who will inform the Executive Director.

Step 2 - Contact: The manager or Executive Director must contact the TSSS Supervisor Agency Review or their respective Agency Review Officer by the next business day after staff become aware of the breach. The TSSS Supervisor/ Agency Review Officer will then provide guidance on the process.

Step 3 - Contain: Suspend any processes causing the breach and review policies related to the breach.

Step 4 - Investigate: Share information about policies or procedures leading to the breach with the TSSS Supervisor Agency Review and the Agency Review Officer.

Step 5 - Document: TSSS Supervisor Agency Review or the Agency Review Officer will complete the Privacy Investigation Initial Questionnaire, document the breach details, including date, time, place, individuals involved, and mitigation attempts.

Step 6 - Mitigate: Develop and implement mitigation strategies, such as staff re-education, notice letters, policy revisions, and record retrieval.

Appendix: Question and Answer

➤ ***What is the Difference between Confidentiality and Secrecy?***

At any given time, any interaction and intervention with a transition home resident must be in the context of and related to case management and duly documented as per the documentation requirements of the agency. It is prohibited to make any interventions or transactions that are private and/or secret contracts between a resident and staff.

➤ ***Can You Keep A Secret or This Is Just Between You And Me?***

If a resident requests that a staff, student or volunteer keep confidential particular information, the standard response should be “I’m sorry we work as a team, and I am not permitted to not share this information with my colleagues or manager”.

➤ ***Can A Staff Ask A Client To Keep A Secret Or Just Keep It Between The Staff And Resident?***

Absolutely not, as such a request is indicative of violation of client/counsellor boundaries and is an abuse of the power relation between a counsellor and resident.

Any breaches of Confidentiality the staff are aware of must be reported to a transitional housing Manager. Failure to do so shall be considered a serious violation. The Manager must then report any actual or suspected breach of confidentiality with respect to client information to Toronto Shelter and Support Services (TSSS) as soon as possible, but no later than twenty-four (24) hours after becoming aware of the actual or suspected breach.

To ensure the confidentiality of resident files:

- Resident files must be kept in the filing cabinet
- Resident files that staff are working on must always be kept closed while dealing with other residents
- Resident files must not be removed from the individual program offices
- Resident files are not to be removed from the premises.

In certain cases, exceptions to the policy may be made with the sole authorization from management. For example, the file has to be taken to a lawyer’s office for consultation.

➤ ***Can a Resident read her/his File?***

Yes, a resident has the right to:

- Read her/his file but not to change or alter anything
- Write a note of disagreement to be added to her/his file
- The right to photocopy her/his file.

Appendix: Confidentiality Agreement Form

Please **PRINT**:

I, (First) _____ (Last) _____ have read the Confidentiality Policy of La Passerelle-I.D.É.. I understand my obligation to hold in strict confidence all information received by me through my work/association/residence at La Passerelle-I.D.É..

This includes information concerning service users, staff, volunteers, students and information related to the operations of La Passerelle-I.D.É..

I understand that I am not allowed to divulge information unless the person has either given me authorization for its release or as required by law to divulge it.

Signature: _____

Position: _____

Date: _____

Witness:

Name: (First) _____ (Last) _____

Position: _____

Date: _____ (D) _____ (M) _____ (Y) _____

3.2. Consent to Release Confidential Information

POLICY DETAILS	
POLICY NAME	Consent to Release Confidential Information
POLICY GROUP	Administration
POLICY NUMBER/CODE	3.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Manuel du Conseil d'Administration, Politiques des Ressources Humaines
TSS REFERENCE	12.6.4
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	All employees, volunteers

Policy

For the purpose of any case management related activity, information can be shared with other professionals and/or representatives only upon getting the consent from the resident. Staff are prohibited from sharing information with anyone without a written consent from the resident. All Client consent documentation will be accurate, up-to-date and recorded in SMIS.

The exception to this policy is only in matters when La Passerelle is legally obligated to share information with others including when:

- Served with a legal subpoena/warrant
- Incidents of child abuse and/or suspected child abuse are identified
- Issues of safety and security of a resident or others is assessed and evident

Staff are prohibited from asking a resident to sign a Consent to Release Confidential Information Form in advance i.e. a Consent is only signed when a request requires such an action.

Procedures

When a release of information is required, staff shall:

1. Ensure that the resident fully understands the need for the release of information
2. Complete one Consent to Release Confidential Information Form for each professional the consent is required for or from (See Form below)
3. The Form must be fully completed including the date it is valid until
4. Ensure that the facsimile number or email is correct when sending the Consent Form to a professional for purposes of releasing information to La Passerelle-I.D.É. or for purposes of confirming consent to release information to a professional
5. Ensure that the release of information is carried out in a manner that does not compromise the confidentiality of personal information of other Clients or Staff.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION FORM

I _____ a resident of La Passerelle-I.D.É.'s transition home,
L'Agapanthe, authorize La Passerelle-I.D.É. to release my personal information to:

(Agency, Name of Individual, Position, Address)

For the purpose of:

(e.g., medical appointment)

I understand the purpose for disclosing this personal information to the person noted above. I understand that I can refuse to sign this consent form.

This Consent is valid until _____

My Name (first and last name) _____

Signature _____ Date _____

Witness Name (first and last name) _____

Signature _____ Date _____

3.3. In-Coming, Out-Going and Internal Calls Protocol

POLICY NAME	In Coming, Out-Going and Internal Calls
POLICY GROUP	Administration
POLICY NUMBER/CODE	3.3
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSSS REFERENCE	N/A
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. and all its employees shall exercise common courtesy and professional decorum at all times in responding to in-coming and out-going calls. Staff shall ensure that the **confidentiality** and **anonymity** of clients is respected at all times in responding to calls.

Procedures

In-Coming Calls

Staff shall:

1. Answer the phone for in-coming calls with a standard courteous greeting such as:
 - *Good Morning, how may I help you?*
 - *La Passerelle-I.D.É. how may I help you?*
 - *La Passerelle-I.D.É., Jenny speaking, how may I help you?*
2. Not receive messages for residents that are not case management related¹
3. Process case management related calls from professionals such as lawyers, doctors, public health, Children Protection Services, other residences seeking space and document the same in the resident case files, daily log, shift exchange form, etc. as required including the following information:
 - *Name of Caller*
 - *Phone Number*
 - *Time of Call*
 - *Nature of Call*
 - *Follow up*
 - *Concerns*

Clarify and summarize the information to ensure accuracy of information.

¹ This does not include family member calling long distance and or/any other significant person who is the support of the resident and is known to the staff

4. Follow the Missing Person policy when responding to police re a resident inquiry
5. Allow residents to take or make calls to professionals in the office to ensure case related confidentiality
6. Not confirm if the resident is in La Passerelle-I.D.É.² or not when the inquiry is about the resident from person/s not related to case management by saying:
 - *I am sorry I am not allowed to confirm if the resident stays here or not (regardless of the fact that the caller maintains he/she knows the person is there).
I can take a message and if the person is here, the person shall be given the message.
It is up to the person, if the person is here, to return your call or not.*

Out-Going Calls

Staff shall:

1. Maintain common courtesy and not engage in any way that is harmful to the case management of a resident and/or the agency
2. Document all out-going calls in the pertinent resident file and as outlined in the documentation policy

Difficult Calls

In managing difficult calls Staff can use any of the following responses:

1. Ask the caller to hold on for a moment as there is another phone call coming in - take a few breaths to ground yourself and then go back to the call
2. Ask for clarification and repeat what the caller is saying to make sure you have understood what the caller is saying to make an informed response
3. Request the name and phone number and discuss with your shift partner prior to responding or consult with management if unsure
4. Refer the call to management If the call is not going anywhere and you have spent enough time (10 minutes maximum)
5. If the person is being **rude and disrespectful** do not get into a power struggle. Tell the person that you take issue to the way they are speaking to you and that you are going to transfer the call to management
6. If the person is **not satisfied** with your response or takes issue with your telephone mannerism - Refer the call to management and provide management with the background information so that management can respond to the caller in an informed manner
7. Whatever you do, do it firmly and do not give inaccurate information.

² The only exception shall be when a resident has given permission to staff to take a call for urgent reasons and due to the large volume of calls on the resident's line, the resident is unable to receive the call

4. Client Rights & Responsibilities



4. Client Rights and Responsibilities

4.1. Client Rights and Responsibilities

POLICY DETAILS	
POLICY NAME	Client Rights and Responsibilities
POLICY GROUP	Administration
POLICY NUMBER/CODE	4.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	6 (a)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. is committed to ensuring that each client's stay as a resident is as comfortable as possible and their emotional well-being is not compromised. It is the responsibility of La Passerelle-I.D.É. and its residents to ensure the transitional housing is a safe place for all. La Passerelle-I.D.É. will display publicly, the client's rights and responsibilities charter.

Rights of Residents

As residents of La Passerelle-I.D.É.'s transition home, clients shall have the right,

1. To be treated in a nonjudgmental and respectful manner
2. To have personal information treated confidentially
3. To be involved in decisions that affect you through processes such as resident meetings, weekly counselling with your case worker
4. To set up reasonable goals and supports with staff to achieve them, including information about services and resources in order to make informed decisions
5. To have staff help you understand and complete forms
6. To have your property and belongings treated with respect by other residents
7. To have the support of staff to improve and enhance your settlement process including but not limited to housing
8. To reside in an environment that is free from discrimination and harassment.
9. To have access to a fair and clear complaint process without fear of punishment, including access to Toronto's Shelter and Support Services phone number for information, concerns or to make a complaint
10. To receive safe, adequate and nutritious food as per the La Passerelle-I.D.É. meal and snack schedule
11. To provide input and feed back to programs and policies through informal and formal resident feedback survey forms

Appendix: Terms and Conditions of Stay

During your stay at La Passerelle-I.D.É.'s L'Agapanthe Transition Home, you are required to abide by the following Terms and Conditions of Stay:

1. **The residence must be a safe, violence free place for all our residents, staff, volunteers and student placements.** To ensure a violence-free environment you are required to abide by our zero-tolerance policy for any form of violence - including physical, emotional-verbal, and psychological abuse – threats and intimidation.
2. **The residence must comply with the Human Rights Code and ensure a discrimination and harassment free environment.** To ensure a discrimination and harassment free environment no form of discrimination and harassment will be tolerated based in gender, race, religion, creed, age, ability, country of origin, ethnicity/culture, language, sexual orientation, economic status and any other ground deemed to be prohibited by law. If you say, do or be a part of any form of discrimination and harassment you will be given a warning, and a contract will be signed.
3. **Though La Passerelle-I.D.É. is not an abstinence residence,** you are not allowed to possess and use drugs, alcohol and/or other prohibited substances on the property.
4. **La Passerelle-I.D.É. does not permit residents to bring weapons on its property.** If you have any weapons such as guns, knives, etc. you are required to hand them over to staff. Such weapons will be kept for safekeeping with management and returned to you upon discharge. If you fail to do so you will be discharged immediately and barred from future use of the residence.
5. **La Passerelle-I.D.É. does not permit criminal activity on its property.** Any theft or damage to residents or property will not be tolerated. Residents, staff and/or the agency may lay charges against you; theft and damage to property is a criminal offence.
6. **La Passerelle-I.D.É. provides a smoke free, communal living environment.** Smoking is prohibited in the building. Smoking is only permitted outside the building.
7. **La Passerelle-I.D.É. provides a scent free environment in all areas of the building in respect of residents and staff who may have severe allergic reactions to scents.** All clients and staff are required to abide by this policy.
8. **La Passerelle-I.D.É. ensures the safety and security of all staff, residents, volunteers, student placements and others on the property.** You are not allowed to let anyone inside the building from the entrance on the ground floor. Staff will allow people in. Non-residents are not allowed on bedroom floors.
9. **La Passerelle will issue you a fob** to access your bedroom floor based on your assigned room. You will be responsible for replacing the fob by paying a fee, if it is lost. Do not give your fob to anyone to use.
10. **La Passerelle-I.D.É. has fire safety and emergency management measures in place.** To prevent any injuries in case of a fire evacuation exercise or a fire, you are required immediately to evacuate the building. You are required to keep your luggage in an orderly manner without blocking exits to prevent anyone exiting the building from tripping on the luggage.
11. **As part of the fire prevention procedures, you are prohibited from changing your assigned bed.** Beds are **only** changed with the approval of staff and management.
12. **La Passerelle-I.D.É. encourages you to make connections in the community to support your settlement.** You are required to arrange visits outside the transition home. Visitors must sign the visitor book kept in the reception area. Visitors are prohibited in the residence. Only in exceptional circumstance will a visit be allowed in the residential area upon getting approval from staff and management.

13. **La Passerelle-I.D.É. allows you to take one overnight stay elsewhere once a week on a Friday or Saturday, with a Sunday midday return.** You are required to request an overnight stay three days prior to leaving the residence. To ensure your safety, you are required to provide a phone number where staff can reach you if you do not return. If you do not return from your overnight the staff may file a Missing Person's Report with the Police. If you stay out without permission, you will be issued a warning for an unauthorized overnight. After three warnings you will be put on a Final Contract and discharged to another residence if you take another unauthorized overnight.
14. **La Passerelle-I.D.É. has a curfew to ensure that everyone returns safely to the residence at night.** You are required to return by **10:30 pm** on Monday, Tuesday, Wednesday, Thursday and Sunday. On **Friday and Saturday**, you are required to be back at the residence by **12:00 am**. If you are running late you are required to call and inform the staff. Breaking curfew i.e. returning late will lead to warnings being given to you and on the third incident a Contract will be signed after which you will be discharged to another shelter.
15. **You are required to turn off lights in bedrooms by 11:00 pm**, in particular when the room is occupied by two residents.
16. **You are required to limit your time in the bathroom** to ensure all residence have access, particularly during high demand times, such as mornings.
17. **La Passerelle-I.D.É. provides three meals a day and a snack in the evening.** La Passerelle-I.D.É. requires you to sign a form requesting your meal to be kept for you if you are going to be late for meals in exceptional circumstances. The residence does not guarantee that your meal will be kept for you if you have not requested that your meal be kept until your return. Residence are not allowed access to the kitchen area. The mealtimes are as follows:
 - Breakfast: 08:00am to 9:30am
 - Lunch: 12:00pm to 01:30pm
 - Dinner: 06:30pm to 08:00pm
18. **There is no food or drinks allowed in the bedrooms at any time.** Exceptions only apply to those who are ill with staff approval.
19. **Prepared food from outside La Passerelle-I.D.É. is not allowed in the dining area during meals.** This is required by Public Health.
20. **La Passerelle-I.D.É. wants to ensure your health and wellbeing. You are required as part of your conditions of stay to ensure that all medications, including vitamins, herbal supplements are always kept in your room.** You are not allowed to dispense medication to other residents. Refrigeration is available upon request.
21. **La Passerelle-I.D.É. is not responsible for lost, stolen, or damaged property.** Residents are not permitted to go into the bedrooms occupied by other residents. The agency is not responsible for any loss of property resulting from such visitations.
22. **La Passerelle-I.D.É. has regular weekly resident meetings on Tuesday evenings at 8:30 p.m.** You are required to attend these **mandatory** meetings to discuss communal living issues and concerns and to receive important information pertaining to your settlement. You are only exempted from attending these meetings for case management related reasons. Please make sure that staff are aware that you will not be at a meeting. You will get warnings for not attending.
23. **You are required to respect the residents, staff, ex-residents and others on premises and to maintain the confidentiality of any information** regarding these individuals while staying at the residence.
24. **If you have a source of revenue (ODSP, OW, Pension, employment income, etc.)** are required to contribute to the cost of the transition home and programing pursuant to La Passerelle's Occupancy Cost Contribution Fee. Contributions will be made on the first day of each month.
25. Other conditions may be added as needed.

I have reviewed the Contract of Terms and Conditions of my Stay at La Passerelle-I.D.É.. I understand that if I fail to comply with these Terms and Conditions I will be discharged from the residence as described above.

Resident Name: (First) _____ (Last) _____ (PRINT)
_____(D)_____(M)_____(YR)

Resident Signature _____ Date _____

_____(D)_____(M)_____(YR)
Staff Signature _____ Date _____

_____(D)_____(M)_____(YR)
Interpreter _____ Date _____

4.2. Client Input - Weekly Resident Meetings

POLICY DETAILS	
POLICY NAME	Client Input – Weekly Resident Meetings
POLICY GROUP	Administration
POLICY NUMBER/CODE	4.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	6.1
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Management, Staff

Policy

All La Passerelle-I.D.É. residents are required to attend weekly **mandatory** Resident Meetings as part of their Contract of Terms and Conditions of Stay.

The Resident Meetings shall be regularly scheduled on:

Day: Tuesday **Time:** 8:30pm to 9:30pm
Where: Dining Room

The purpose of the Resident Meeting is to address any issues and concerns that residents and staff may have that generally effect the communal living environment. Inter-personal conflicts and personal issues of residents shall not be discussed at the Resident Meeting.

Staff shall facilitate the meetings and arrange for interpreters. Residents will be encouraged to actively participate in the meetings. Guidelines governing the conduct of residents in the meetings shall be set up by staff and residents can add any guidelines that will help run the meetings efficiently.

Procedures

Staff shall:

1. Book interpreters for the meetings in advance if needed
2. Identify issues to be put on the agenda throughout the week in addition to those added by residents
3. Follow the agenda set for the meetings
4. Each staff shall take turns facilitating the meetings and writing the minutes
5. Keep the original meeting minutes in the Resident Meeting Binder, post one copy on the resident bulletin board in the dining room and put one copy in the mailbox of the Manager
6. Note any follow-ups in the daily logbook and shift exchange forms
7. Review and issue a warning to residents who fail to attend the meetings without a case management related reason or pre-authorized absence for other reasons. Absences due to

illness, case management related appointments and other pre-authorized absences should not be subject to a warning

8. Inform management of any critical issues by contacting the Manager immediately and/or leaving a message on the voice mail
9. All staff are required to read and initial the meeting minutes.

Appendix: Residents Meeting Agenda and Minute Form

Date: _____ D/M/YR

What do you want to talk about? Ideas for stuff to do, concerns, food requests, repair work needed

➤ Please add your ideas to the agenda.

When: Tuesday
Where: Dining Room
Time: 8:30pm. - 9:30pm.

1. Introductions & Welcome
2. Purpose of Meeting
3. Review of Agenda & Adding any other Agenda Items
4. Review of Guidelines for Meeting
5. Review of Terms & Conditions of Stay
6. Food Menu
7. Scent Policy
8. Safety and Security (neighbourhood)

Appendix: Minutes of Resident Meeting

Date: _____ D/M/YR

Present:

➤ Residents:

➤ Staff:

Resident Meeting Minutes Date: _____D/M/YR

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

Staff Signature:

Date: _____ D/M/YR

1. _____
2. _____

4.3. Human Rights or Policy Complaints

POLICY DETAILS	
POLICY NAME	Human Rights or Policy Complaints
POLICY GROUP	Administration, Governance
POLICY NUMBER/CODE	4.3
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Manuel du Conseil d'Administration, Politiques des Ressources Humaines
TSS REFERENCE	7(a)i
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Management, Staff, Residents, Volunteers, Contractors

Policy

All residents have the right to a transition home environment that is respectful, non-judgmental, non-punitive, and free of reprisals, discrimination, harassment and abuse of power based in organizational and social identities.

La Passerelle-I.D.É. is committed to ensuring that the transition home is a safe place, free from discrimination, harassment and any form of violence. Any discrimination and harassment based in gender, race, sexual orientation, ability, creed, country of origin, religion, ethnicity, language, economic and “client” status by anyone associated with the operation of La Passerelle-I.D.É., including other residents, volunteers, student placement, service contractors, staff, management and board members, will not be tolerated.

The management of La Passerelle-I.D.É. approaches and reviews the issues, concerns and complaints of residents from a proactive educational and prevention framework with the goal of effectively, efficiently and expeditiously identifying and eliminating barriers.

La Passerelle-I.D.É. will respond professionally and appropriately to all complaints from all individuals.

La Passerelle-I.D.É. will inform clients of this process, post their complaint and appeals process in a conspicuous area of the residence, keep a written record of formal complaints and a written record of the resolution of formal complaints.

La Passerelle-I.D.É. will collect, analyze and evaluate all complaints and take any necessary corrective action.

The key principle and consideration of the complaint resolution policy will be the identification and assessment of the “adverse impact” on the complainant as opposed to the “intent” of the respondent in accordance with the Human Rights Code, the agency Anti- Oppression/Racism and Discrimination Policy and the Workplace Violence and Harassment Policy.

Definitions

The following definitions apply to this Procedure:

- (a) A “Complainant” is an individual who is making or has made a complaint about conduct that is alleged to violate a Policy or the *Code*;
- (b) The “*Code*” shall mean the Ontario *Human Rights Code*, R.S.O. 1990, Ch. H.19;
- (c) a “Policy” shall mean the Anti-Oppression Policy, the Harassment Policy or any other policy of La Passerelle-I.D.É. addressing harassment, violence, discrimination, or oppression;
- (d) A “Respondent” is an individual who is named in a complaint about conduct that is alleged to violate the *Code* or a Policy of La Passerelle-I.D.É..

Application of this Policy and Procedure

This Procedure does not apply to unionized employees. Unionized employees, if any, shall have recourse to the complaint resolution procedures in their collective agreement.

Access to Code mechanisms

The provisions of this Procedure in no way affect the right of any person to exercise his or her rights under the *Code* or other laws of the jurisdiction.

Access to information and advice

La Passerelle-I.D.É. shall from time to time appoint an individual to act as a neutral and expert Human Rights Advisor (the “Advisor”). The Advisor shall be independent of any investigation or mediation procedures. The Advisor will provide information about human rights and about this Procedure to any person who is concerned about violation of the *Code* or of a Policy within or by La Passerelle-I.D.É..

The Advisor will:

- not act as an advocate for any person
- not provide legal advice to any person
- inform individuals of time-limits for complaints under the *Human Rights Code*
- maintain the confidentiality of communications made to him or her, unless required to disclose information under a legal obligation.

Making a complaint

1. Complainants are encouraged to explain to a person who is oppressing, harassing or discriminating against them that the conduct is unwelcome, but they are not obliged to do so. A person should not and should not be expected, to interact directly with the person responsible for harassing or discriminatory conduct if addressing the person responsible for the conduct complained of could lead to an escalation of the oppression, harassment, violence or discrimination; pose a safety risk; be part of a systemic form of oppression, harassment, violence or discrimination.
2. If the person responsible for the conduct complained of cannot be approached safely, or if the situation is not resolved by speaking to the person responsible, a complaint may be made to the Executive Director.
3. Where possible, the Executive Director should obtain the complaint in writing, and include the following details:
 - What happened – a description of the events or situation
 - When it happened – dates and times of the events or incidents

- Where it happened
 - Who saw it happen – the names of any witnesses, if any.
4. The Executive Director and the Manager shall ensure that all complaints are addressed, no matter how they have been presented.
 5. The Executive Director and the Manager shall ensure that all complainants are given the right to have present at interviews a language or other interpreter and a cultural or other supporter.

Steps taken by the Executive Director and Manager

Upon receiving a complaint of breach of the *Code* or of a Policy, the Executive Director together with the Manager will notify the Respondent(s) of the complaint and provide the Respondent(s) with a copy of the written complaint, if any; advise every Respondent and every Complainant to create and keep written notes about the events at issue, maintain any relevant records or documentation such as letters, notes, offensive pictures, information appearing on the internet or other electronic media, or, in the case of systemic oppression, records of demographic information ;take steps to place physical distance between a Complainant and a Respondent. All such steps shall have regard to the principle that a Complainant should not be penalized for making a complaint; and take all necessary steps to safeguard the Complainant and the environment of the Complainant, where there appears to be a safety risk. All such steps shall have regard to the principle that a Complainant should not be penalized for making a complaint.

Reprisal

Every person has a right to claim and to enforce her or his right to be free of oppression, harassment, violence, or discrimination. It is a violation of this Procedure to take reprisals, which include negative, differential, or adverse treatment of a person because s/he:

- has made a complaint
- provided information or advice related to a complaint, or
- has been involved in the complaint resolution process in any way.

Reprisal may be the subject of a complaint under this Procedure, and persons engaging in reprisal shall be subject to measures taken to ensure compliance by La Passerelle-I.D.É. with the *Code* and with its Policies.

Mediation

Where appropriate, the Executive Director will offer the Complainant(s) and Respondent(s) an opportunity to mediate the complaint, with the parties sharing the costs equally. Mediation is only appropriate where there is no significant power imbalance between the Complainant(s) and Respondent(s) and there is no risk of violence. No person will be obligated to undertake mediation. Mediation will be conducted by a neutral and expert third-party mediator. Mediation may take place at any stage during the complaint process.

Investigation

Where mediation is not appropriate or has not been successful, the *Executive Director* will investigate the complaint or, in appropriate circumstances, will refer the complaint to an expert external investigator (“External Investigator”) who shall be impartial as between and among the Complainant, the Respondent, and La Passerelle-I.D.É..

Referral to an External Investigator is appropriate when a complaint concerns Management of La Passerelle-I.D.É.; the Board of Directors of La Passerelle-I.D.É.; allegations of systemic oppression, violence, harassment, or discrimination by or within La Passerelle-I.D.É..

Investigation processes

1. The *Executive Director* or External Investigator is responsible for ensuring a thorough, fair and impartial investigation of the allegations in the complaint. The *Executive Director* or External Investigator will separately interview the Complainant(s), the Respondent(s), and relevant witnesses suggested by the Complainant(s) or Respondent(s).
2. All staff of La Passerelle-I.D.É. are required to cooperate with the Executive Director or External Investigator and with the investigation process.
3. The investigation will, wherever possible, be completed within 90 days of the decision to investigate in the case of the Executive Director or the receipt of the assignment to investigate in the case of the External Investigator.
4. The Executive Director or External Investigator shall create and preserve documentation and records of steps taken in the investigation and of any information and material gathered during the course of the investigation. This includes notes of witness interviews, notes of meetings, evidence gathered, any report prepared, and documentation related to the outcome of the investigation. These documents shall be safeguarded at least until the conclusion of any legal proceedings or of limitation periods related to legal proceedings.
5. At the conclusion of the investigation, the Executive Director or External Investigator shall prepare a written report summarizing the allegations, making findings of fact, and proposing recommendations for further action. The External Investigator shall forward the report to the *Executive Director*.

Outcomes

1. Based on the findings in the investigative report, the Executive Director shall decide whether a Policy of La Passerelle-I.D.É. has been violated.
2. If it is determined that a Policy of La Passerelle-I.D.É. has been violated, the Executive Director shall determine the appropriate consequences for person(s) who have violated the Policy. These may include:
 - Apology
 - Counseling
 - Education and training
 - Verbal or written reprimand
 - Termination of residency
 - Transfer
 - Termination of employment
3. In determining the appropriate consequences, the Executive Director shall consider the nature and severity of the violation of the Policy; whether the Respondent(s) has/have violated any Policy of La Passerelle-I.D.É. previously; the impact of the violation on the Complainant and others residing in or connected with La Passerelle-I.D.É.; the fact that human rights law is preventive and remedial rather than punitive in nature.

Amelioration and Monitoring

Where a violation of a Policy is found, the Executive Director shall also: take any steps necessary to repair the effects on the Complainant(s) of oppression, discrimination, violence, or harassment, and to

prevent any recurrence of such conduct within or by La Passerelle-I.D.É.; determine whether the complaint reveals any broader issues that La Passerelle-I.D.É. should address, such as barriers to accessing benefits, systemic discrimination or oppression, or a need for further training on particular human rights issues. If so, the Executive Director should ensure that La Passerelle-I.D.É. take steps to address the issues and to remedy any problem; monitor the outcome of the complaint to ensure that recommendations are carried out and consequences complied with.

Communication

The Complainant(s) and the Respondent(s) shall each be provided with a copy of the report of the investigation, and with the Executive Director's decision regarding outcomes.

Further Steps

Where a Complainant is dissatisfied with the outcome of the complaint, he or she shall be reminded of his or her rights under the *Code*.

Representation

Complainant(s) and Respondent(s) are entitled to representation of their choice, including legal counsel at their own expense, during any mediation or investigation.

Responsibility of the Executive Director and Manager

1. The Executive Director and the Manager is responsible for ensuring that all elements of this Procedure are carried out as required herein.
2. The Executive Director and Manager shall be knowledgeable about and shall ensure that individuals engaged in receiving complaints or in any other aspect of a complaint process, including those acting as Advisor (s. 3.1), as Mediator (s. 7), as Expert Investigator (s.8) shall be knowledgeable about:
 - human rights issues and principles in general
 - the requirements of the *Code*
 - La Passerelle-I.D.É.'s Policies and this Procedure; and
 - methods for conducting investigations.

Confidentiality and privacy

All individuals involved in a complaint or investigation, including the *Executive Director* and any other persons receiving complaints, staff, the Advisor, and any Expert Investigators, mediators, shall, to the extent possible, protect the confidentiality and privacy of persons involved in a complaint. The protection of privacy is subject to the requirements of a fair investigation and resolution process, according to the following principles:

1. Respondent(s) will require fair disclosure of the particulars of the complaint, in order to be able to respond to it;
2. Witnesses require sufficient information about the allegations in a complaint in order to give information.

4.4. Resident Disputes

POLICY DETAILS	
POLICY NAME	Resident Disputes
POLICY GROUP	Administration
POLICY NUMBER/CODE	4.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	7(a)i
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Residents

Procedures

Resident

The resident who has an issue, concern or complaint with another resident shall:

1. Speak directly to the person whose behavior and actions the resident experiences as disrespectful and/or offensive
2. Ask the help of staff to resolve the matter
3. Speak with management when the resident is not satisfied with the outcome of the above
4. Request a meeting and/or write the complaint on the Complaint Form for management to review.

Management

Management shall:

1. Meet with the resident within a reasonable time to hear the complaint
2. Attempt where possible to resolve and mediate the complainant between the complainant and those against whom the complaint is filed.
3. Make resolutions and issue directives accordingly to prevent recurrence
4. Institute a formal complaint investigation when the complaint is of a serious nature of non-compliance and/or breaches of any prohibited grounds of the Human Rights Code, Social Work Ethics and other legal requirements
5. Inform all parties involved when instituting a formal complaint investigation and describe the process
6. Share the findings and recommendations of the formal complaint investigation with all parties concerned upon completing the investigation
7. Institute corrective measures if and when merited
8. Review and change systems/structures/practices in cases where the complaint is not about individuals but rather about residence policies and/or practices that adversely impact on residents to ensure barrier free services to residents.

If the resident is still unsatisfied with the above, the resident has the right to call Toronto Shelter Services and speak with a Representative regarding the complaint.

Appendix: Resident Complaint Form

Date of Complaint: _____ D/M/YR

Name of Complainants: (First) _____ (Last) _____
(First) _____ (Last) _____

Name of Respondents³ (First) _____ (Last) _____
(First) _____ (Last) _____

Name of Witnesses: (First) _____ (Last) _____
(First) _____ (Last) _____

COMPLAINT:

1. Please describe the reasons, allegation and the grounds/basis on which your complaint is based example race, gender and so on if you can.
2. Please describe what happened? (who did what, when, how, where did the incident/s happen, names of witnesses if any, including your response)
Please use extra pages if necessary.
3. Please tell us why you are making the complaint how has it affected you?
4. What do you hope to achieve as an outcome of the complaint?

³ Person or persons against whom the complaint is filed

5. What are you seeking as redress?

For Complainants:

Signatures:

1. _____
2. _____
3. _____

Date: _____ D/M/YR

Date: _____ D/M/YR

Date: _____ D/M/YR

For Management – Date of Formal Notification:

Signatures:

1. _____
2. _____

Date: _____ D/M/YR

Date: _____ D/M/YR

5. Access, Intake & Discharge



5. Access, Intake and Discharge

5.1. Eligibility Criteria and Admissions Policy

POLICY DETAILS	
POLICY NAME	Eligibility Criteria and Admissions Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	5.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8,1, 8.3, 8.3.1. & 10.3.3
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Management, Staff, Residents

Policy

La Passerelle-I.D.É.'s L'Agapanthe is a 50-bed transition home for francophone refugee claimants and refugees of African origin. Any adult person (18+) who identifies as a francophone refugee claimant or refugee of African origin shall be eligible for admission to La Passerelle-I.D.É.'s transition home.

In compliance with International Conventions, national and provincial laws, acts and statutes any person who identifies as a refugee shall not be denied admission based in their gender, race, ethnicity/culture, creed, religion, country of origin, sexual orientation, age, ability, language, family and economic status including any other prohibited ground.

Eligibility Guidelines and Procedures

L'Agapanthe provides a safe and supportive culturally adapted transition home environment for newly arrived Francophone African refugees in Canada. Admission is based on the following criteria:

1. General Eligibility

Refugee Status

Must be a francophone of African origin with one of the following statuses:

- ☐ Refugee claimant awaiting a decision of the Immigration and Refugee Board
- ☐ Refugee or person in need of protection by decision of the Immigration and Refugee Board

Proof of Recent Arrival in Canada

- ☐ Must have arrived in Canada within the last 12 months
- ☐ Must provide proof of refugee claim or refugee status (IRCC letter, IRB document, UCI number, etc.)

Language

- ☐ Must be francophone and require a French-speaking environment to support integration

2. Social & Economic Criteria

Need for Temporary Housing

- ☐ Must be experiencing housing insecurity or homelessness

Commitment to Integration

- ☐ Must be willing to actively participate in the support programs offered at L'Agapanthe francophone transition home, including:
 - ☐ Language courses (French/English as needed)
 - ☐ Employment and job-readiness workshops
 - ☐ Cultural and social integration support
 - ☐ Financial literacy
 - ☐ Cultural competency training
 - ☐ English Cafe

Minimum Level of Autonomy

- ☐ Must be able to live in a shared community setting and follow L'Agapanthe house rules
- ☐ Must be able to manage personal care needs

3. Prioritization of Applicants

Due to limited availability of rooms, priority is given to the most vulnerable individuals:

- ☐ African Francophone refugee claimants and refugees over the age of 18
- ☐ Men and women, gender neutral (mixed adults)

4. Exclusion Criteria

- ☐ Individuals with severe, unmanaged mental health conditions requiring medical supervision
- ☐ Individuals exhibiting violent behavior or posing a safety risk to others
- ☐ Individuals engaged in illegal or criminal activities
- ☐ Individuals with substance dependence

5. Duration & Housing Conditions

- ☐ Maximum Stay Duration: 6 to 12 months (based on assessment of staff for client readiness)
- ☐ Personalized Support: Individual and culturally adapted monthly evaluation of progress and needs
- ☐ Commitment to Transition Plan: Residents must sign an agreement outlining clear housing and integration goals

6. Admission Process

- ☐ Referral by City of Toronto Refugee Response Unit
- ☐ Referral by Central Intake (City of Toronto)
- ☐ Assessment Interview with a case worker from L'Agapanthe
- ☐ Verification of documents and confirmation of eligibility
- ☐ Signing of Housing Agreement and integration into the support program

The eligibility criteria may be relaxed by management directive **only** in exceptional circumstances.

Appendix: Admission Eligibility Assessment Form

Date: _____ D/M/YR

Record # _____

Staff Name: (Print) _____ Shift: _____ Time of Call: _____

1. Information about the Caller inquiring about admission:

		Name
Self	_____	_____
Other:	_____	_____
Referring Agency	_____	_____
Friend	_____	_____
Community Member	_____	_____
Pastor/Priest	_____	_____
Relative	_____	_____
_____	_____	_____
_____	_____	_____

2. Basic Information about Person or Persons seeking Admission:

➤ Name: (First) _____ (Last) _____

➤ Gender: Female _____ Male _____ Other: _____

➤ Nationality: _____

➤ First Language: _____

➤ Is Interpretation Required: Yes _____ No _____

Language: _____

3. Accessibility:

Does the person/persons seeking admission have any physical disability involving mobility and motor coordination? YES ☐ NO ☐

Name of Disability	Who
_____	_____

4. Reason for seeking Admission:

Refugee Claimant – Port of Entry	_____
Refugee Claimant – In land	_____
Convention Refugee	_____
Other:	_____
_____	_____

5. Refugee Status Information:

➤ Has the individual made a claim at the border: Yes: _____ No: _____

If yes:

Port of Entry:

Fort Erie _____ Windsor _____

➤ Has the caller made an In Land Claim:

Yes: _____ No: _____

6. Where is the person or persons seeking admission:

Border

Yes: _____ No: _____

Bus Terminal

Yes: _____ No: _____

Airport

Yes: _____ No: _____

Another City/Province

Yes: _____ No: _____

Name of City/Province

Another Shelter

Yes: _____ No: _____

Name of Agency/Shelter:

Other:

7. Outcome/Decision of the Inquiry for Admission:

Yes

No

Arrival Time & Date

➤ Admitted

➤ Referred to Another
Agency

Name:

Please check the Bed and Daily Occupancy chart to see if we have space available prior to confirming admission

Staff Signature: _____

Date: _____ D/M/YR

5.2. Denial of Admission and Referrals to other transitional housing

POLICY DETAILS	
POLICY NAME	Denial of Admission
POLICY GROUP	Administration
POLICY NUMBER/CODE	5.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. may deny admission to the transition home in cases where:

- The individual does not meet eligibility criteria
- There is an active service restriction for the Client at the admitting residence, or
- Client's behaviour could compromise the health and safety of the Client or residents

Procedures

Staff will record all denials of admission in the referral notes in SMIS in real time and refer the Client to another residence or appropriate service and offer appropriate transportation assistance.

5.3. Intake and Orientation Policy

POLICY DETAILS	
POLICY NAME	Intake and Orientation Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	5.3
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.1.a.(i); 8.3.a.(i)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Residents

Policy

La Passerelle-I.D.É. provides accessible services and supports to refugee claimants and refugees, 24 hours per day, 365 days per year. As such, Intakes shall be done with service seekers at any given time.

Intake should take no longer than 45 minutes in most cases. Orientation should be **completed as soon as possible (within 8 hours) after admission to the transition home.**

The intake time frame can be increased to a minimum of 24 hours and a maximum of 48 hours to ensure completion of the Intake and Orientation, consulting management when necessary.

Procedures

The Intake Process is comprised of the following components:

1. Assessment for Admission Eligibility
2. Intake
3. Orientation
4. Needs Assessment and Case Planning

Assessment for Admission Eligibility

The City's Refugee Response Unit and Central Intake assess admission eligibility and refer clients to La Passerelle-I.D.É..

Any inquiries La Passerelle-I.D.É. may receive for admission eligibility and intake are critical for statistical analysis, including but not limited to demonstrating a need for the services that La Passerelle-I.D.É. provides.

Staff review the Assessment for Admission and Eligibility made by the City referral with potential residents.

All staff are required to:

- Document each referral for admission and the outcome on the appropriate form in the Admission Eligibility Binder for the current year (the **AE Binder**)
- Complete fully an Admission Eligibility Form (**See Appendix**), including the questions related to physical accessibility and communal living
- Use the Admission Eligibility Referral number from the City in the appropriate space on the AE Form
- Communicate the AE number as a reference number when confirming admission and for purposes of communicating to other staff for admission and Intake purposes.
- Sign in the appropriate space on the form upon completion of eligibility and admission.
- In addition to the above steps, complete, in real time, an intake in SMIS for every client that requests support services.
- Prepare a complete Intake File for the purposes of Intake, including the following:
 - **Section 1: Intake**
 - Activity Sheet (replaced by SMIS)
 - Intake & Orientation Checklist
 - Intake Form
 - Contract Terms & Conditions of Stay
 - Care Package Form
 - **Section 2: Residence Forms (as required)**
 - Confidentiality Agreement Form
 - Confidential Information Release Form
 - Warning Form
 - Final Contract & Barring Form – when necessary
 - Conditional Re-Admission Form – when necessary
 - **Section 3: Need Assessment, Case Planning and Case Management (SMIS)**
 - Case Management Checklist
 - Need Assessment and Case Planning Forms⁴
 - Case Management Notes
 - **Section 4: Weekly Counselling (SMIS)**
 - Weekly Counselling Session Forms⁵
 - **Section 5: Legal (SMIS)**
 - Legal Checklist

⁴ Please note that the Intake form included in the file will be for a single adult. When a couple or a family including children are being admitted staff need to add additional adult Intake forms for completion for each member, including the spouse/partner and children. The file will be maintained as one file with a single file number designated to the family.

⁵ The Weekly Counselling sessions are to be cross-referenced in the Activity Sheet at the front of the file and in the Case Management Notes Section. (SMIS)

- **Section 6: Health**
- **Section 7: Housing**
- **Section 8: Welfare**
- **Section 9: Departure/Exit**
 - Departure/Exit Checklist
 - Exit Talk Kit
 - Resident Service Evaluation Form
 - Resident Card

In the event the assessment confirms eligibility for admission and space is available, the decision to accept the client must be clearly indicated in the:

- Daily Log
- To Do & Appointment Log indicating approximate time for arrival for Intake
- Shift Change notes of the staff confirming admission, time of arrival of the client for intake, and/or the intake status if initiated i.e. completed or to be completed
- Shift Change notes of staff coming on shift re the status of intake i.e. completed or needs to be done and upon the exit of the staff the status of the intake.

Intake

Once the client has arrived at the transition home, the staff will initiate the Intake and Orientation Procedure by:

- Ensuring they have a complete file for Intake
- Introducing themselves to the client and welcoming the client
- Introducing the mandate of the residence
- Explaining the purpose of and process of the Intake and Orientation Procedure including the collection of personal information
- Offering a copy of the transition home policy and procedures, or a plain language version, to clients upon request
- Opening a new file for the client, listing correctly on the file tag:
 - First Name
 - Last Name
 - File #
 - Bed & Room #
 - Primary & Secondary Workers Name
- Completing the Intake/Departure Log
- Completing the Basic Information on the Intake Form
- Completing SMIS Intake and having the client sign
- Photocopying the following documents for:
 - Those who have made a refugee claim at the Border
 - Immigration ID, other true copies of ID's and Port of Entry Notes
 - Those who are going to make an Inland Claim
 - Passports, other ID if any in their possession depending on whether they came in with or without an agent

- Explaining the contract outlining the Terms and Conditions of Stay and getting it signed
- Assigning the bed # on the Daily Bed Chart
- Showing them the bed in the assigned room
- Issuing care package and signing the Care Package Form
- Explaining briefly the role of staff in different programs
- Assigning the Primary and Secondary Case Worker, including giving the resident the business card of the respective staff
- Explaining the process for making a complaint
- Providing information on nearby amenities (such as stores, community centres, libraries)
- Issuing the key fob for each person's room

Orientation

Upon completing the basic information gathering on the Intake Form, the staff will orient the resident by a walk through the building:

- **Kitchen and Dining facility** orienting the resident to:
 - Meals and snack times
 - Use of appliances (microwave etc.)
 - Policy re meals being kept in case the resident is absent at mealtimes due to case management related appointments with external professionals, such as lawyers, doctors, landlords, etc.
- **Room, Washrooms and Shower** orienting the resident to:
 - The layout of the bedroom
 - The assigned bed
 - The do's and don'ts related to toilets i.e. what goes in the toilet and what does not ex. Hair, sanitary pads, paper towels
 - Ways in which the resident can use the shower facility and shower curtains thus preventing water spillage, water leaks in facilities below and/or slipping related injuries
 - No food in rooms
- **Laundry Room** orienting the resident to:
 - The use of the washer and dryer
 - The scheduled day of their laundry
 - The proper use of detergent
 - The cost of doing laundry
- **Entrance Door – Main Floor** orienting the resident to:
 - Access by staff on duty only
 - Agency policy of residents not opening the door to anyone including staff and management
- **Security** Orienting the resident to:
 - Use of intercom (after hours) and entry to the building by staff
- **Fire Exits** orienting the clients to:
 - The exits and the procedures related to evacuations
 - The importance of the “zero tolerance” policy for switching beds without authorisation from staff and management, and
- **Rooms** orienting the client to:

Upon completing the orientation, the staff shall:

- Answer any questions the resident may have related to the Intake and Orientation.

- Defer any questions related to Refugee Law and claim related matters until the resident meeting with a case worker for Needs Assessment and Case Planning

Re-Admission of an Exited Resident

➤ **For an Ex-Resident in the Current Year**

Staff will:

- Check the file # of the resident on the Intake Log and/or the Resident Card and pull out the file from the archives
- The same file and file number will be used to continue with the case management updating the Intake form with any changes in the basic information section and an entry as to the reasons and circumstances leading to the readmission
- A Conditional Re-admission Contract outlining the terms and conditions of stay shall be made if the resident was barred
- Need Assessment and Case Planning will be conducted

➤ **For an Ex-Resident not from the Current Year**

Staff will:

- Check the file # of the resident on the Intake Log of the relevant year that client was admitted and pull out the file from the archives
- The same file will be placed in a file for the current year and a number will be assigned for the current year to continue with the case management updating the Intake form with any changes in the basic information section and an entry as to the circumstances leading the readmission
- A contract with terms and conditions of stay can be made if the resident was barred
- Need Assessment and Case Planning will be conducted

Appendix: Intake Checklist

Once the client has arrived at the transition home, the staff will initiate the Intake and Orientation Procedure by:

1. Ensuring they have a complete file for Intake Done: _____
2. Introducing themselves to the client and welcoming the client Done: _____
3. Introducing the mandate of the residence Done: _____
4. Explaining the purpose of and process of the Intake and Orientation Procedure Done: _____
5. Listing correctly on the file tag:
 - **First Name**
 - **Last Name**
 - **File #**
 - **Room # & Bed #**
6. Primary & Secondary Workers Name Done: _____
 - Assigning the Primary and Secondary Worker, including giving the resident the business card of the respective staff.
 - Explaining briefly the role of staff in different programs
7. Completing the Intake/Departure Log Done: _____
8. Completing the Basic Information on the Intake Form
9. Photocopying the following documents for: Done: _____
 - Those who have made a refugee claim at the Border
 - Immigration ID, other true copies of ID's and Port of Entry Notes
 - Those who are going to make an Inland Claim
 - Passports, other ID if any in their possession
10. Explaining the Terms and Conditions of Stay contract and getting it signed. Done: _____
11. Assigning the bed # on the Daily Bed Chart Done: _____
12. Showing them the bed with a corresponding # when in the assigned room Done: _____
13. Issuing care package and signing the Care Package Done: _____

Client Signature:

Date: _____ D/M/YR

Staff Signature:

Date: _____ D/M/YR

Appendix: INTAKE FORM

DATE: _____ D/M/YR

TIME: _____ AM/PM

INTAKE STAFF: (First) _____ (Last) _____ SHIFT: _____ COMPLETED: YES ☐ NO ☐

INTAKE STAFF: (First) _____ (Last) _____ SHIFT: _____ COMPLETED: YES ☐ NO ☐

Please review the Admission Eligibility Form prior to starting the Intake and Orientation.

Please describe the Intake Process as per the agency policy.

Please let the resident know that the purpose of the Intake today is to gather some basic information and to orient the client to the residence.

*Please write the information in **PRINT** on the form*

1. BASIC RESIDENT INFORMATION

NAME: (First) _____ Last: _____

GENDER: Male ☐ Female ☐

Transgendered: Male ☐ Female ☐ Transsexual: Male ☐ Female ☐

DATE OF BIRTH: _____ D/M/YR

MARITAL STATUS: Married ☐ Common-law ☐

2. REFUGEE STATUS INFORMATION

IS THE RESIDENT:

- A **PORT of ENTRY** REFUGEE CLAIMANT YES ☐ NO ☐
(MADE A CLAIM AT THE BORDER OR WHILE IN DETENTION)
- AN **INLAND** REFUGEE CLAIMANT:
 - YET TO MAKE A CLAIM YES ☐ NO ☐
 - HAS MADE A CLAIM ALREADY YES ☐ NO ☐
- DETERMINED TO BE A CONVENTION REFUGEE: YES ☐ NO ☐

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

DATE OF ARRIVAL IN CANADA _____ D/M/YR

➤ IF A **PORT OF ENTRY** REFUGEE CLAIMANT:

DATE REFUGEE CLAIM FILED: _____ D/M/YR (DATE STAMPED ON IMMIGRATION ID)

CLIENT IMMIGRATION ID#: _____ IMMIGRATION FILE# _____

- IF AN **INLAND** CLAIMANT YET TO MAKE A CLAIM:

PORT OF ENTRY: BORDER - YES ☐ AIRPORT – YES ☐ SEA – YES ☐

TRAVEL DOCUMENTS: FALSE PASSPORT - YES ☐ VALID PASSPORT - YES ☐
IF VALID PASSPORT:

PASSPORT #: _____
TYPE/NATIONALITY: _____
DATE OF ISSUE: _____ D/M/YR
DATE OF EXPIRY: _____ D/M/YR

OTHER ID:

- BIRTH CERTIFICATE YES ☐ NO ☐
- BAPTISMAL CARD YES ☐ NO ☐
- _____ YES ☐ NO ☐
- _____ YES ☐ NO ☐

Please photocopy all ID for file. Done YES ☐ NO ☐

3. REFERRING AGENCY INFORMATION:

REFERRED BY: _____

CONTACT NAME: (First) _____ Last: _____

POSITION _____ PHONE#: _____ - _____ - _____
FAX#: _____ - _____ - _____

4. DETENTION REPORTING (If applicable)

IF RELEASED FROM DETENTION DOES THE CLIENT HAVE TO REPORT TO:

- IMMIGRATION ENFORCEMENT AT AIRPORT ROAD: YES ☐ NO ☐
- BOND/BAIL PROGRAM ON VICTORIA STREET: YES ☐ NO ☐
 - REPORTING DAY & TIME _____

Please photocopy all documents related to reporting for file.

Done YES ☐ NO ☐

5. COMPETENCY IN ENGLISH:

FIRST LANGUAGE: _____

LEVEL OF ENGLISH: NONE ☐ BASIC ☐ INTERMEDIATE ☐ ADVANCED ☐

INTERPRETER NEEDED FOR CASE MANAGEMENT: YES ☐ NO ☐

IF INTERPRETER USED FOR INTAKE:

NAME OF INTERPRETER: _____ PHONE NUMBER: _____

6. HEALTH:

GENERAL HEALTH: GOOD YES ☐ NO ☐

IF **NO** PHYSICAL HEALTH ISSUES & CONCERNS:

- | | | | |
|--------------------------------------|-----|--------------------------|-----------------------------|
| • HIGH BLOOD PRESSURE | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • LOW BLOOD PRESSURE | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • DIABETES | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • HEART HEALTH | | | |
| • HEART ATTACK | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • IRREGULAR HEART BEAT | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PALPITATION | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • ALLERGIES | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PENICILLIN | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PEANUTS | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PERFUMES/SCENTS | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • DISABILITIES | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • EPILEPSY | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PREGNANCY if Relevant | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • SPECIAL DIETARY NEEDS ⁶ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |

DESCRIPTION:

TRAUMA/EMOTIONAL HEALTH: GOOD YES ☐ NO ☐

IF **NO** EMOTIONAL HEALTH ISSUES & CONCERNS:

⁶ Due to medical health issues and recommended by the Doctor

- ANXIETY YES ☐ NO ☐
- STRESS YES ☐ NO ☐
- _____ YES ☐ NO ☐
- _____ YES ☐ NO ☐

7. MEDICATION

IS THE RESIDENT TAKING ANY MEDICATION: YES ☐ NO ☐

	NAME	DOSAGE/FREQUENCY	NON/PRESCRIPTION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DOES THE CLIENT NEED A REFILL: YES ☐ NO ☐

DOES THE CLIENT NEED A MEDICAL APPOINTMENT: YES ☐ NO ☐

Please review Medication Policy and fill the Medication Log Forms in file. Done YES ☐
NO ☐

Please make sure you do not assign a top bunk to anyone with a physical disability, mobility issues due to age and size.

8. ANY OTHER RESIDENT CONCERNS OR ISSUES:

Follow -up Items to be Documented in SMIS Done YES ☐ NO ☐

1. Staff Signature:⁷ _____ Date: _____ D/M/YR

2. Resident Signature: _____ Date: _____ D/M/YR

⁷ Staff signatures for both staff unable to complete and complete the Intake are required.

Appendix: INTAKE FORM for SPOUSE/PARTNER⁸

DATE: _____ D/M/YR

TIME: _____ AM/PM

INTAKE STAFF: (First) _____ (Last) _____ SHIFT: _____ COMPLETED: YES ☐ NO ☐

INTAKE STAFF: (First) _____ (Last) _____ SHIFT: _____ COMPLETED: YES ☐ NO ☐

Please review the Admission Eligibility Form prior to starting the Intake and Orientation.

Please describe the Intake Process as per the agency policy.

Please let the resident know that the purpose of the Intake today is to gather some basic information and to orient the client to the residence.

*Please write the information in **PRINT** on the form*

1. BASIC RESIDENT INFORMATION

NAME: (First) _____ Last: _____

GENDER: Male ☐ Female ☐

Transgendered: Male ☐ Female ☐ Transsexual: Male ☐ Female ☐

DATE OF BIRTH: _____ D/M/YR

MARITAL STATUS: Married ☐ Common-law ☐ Separated ☐ Other ☐

2. REFUGEE STATUS INFORMATION

IS THE RESIDENT:

- A **PORT of ENTRY** REFUGEE CLAIMANT YES ☐ NO ☐
(MADE A CLAIM AT THE BORDER OR WHILE IN DETENTION)
- AN **INLAND** REFUGEE CLAIMANT:
 - YET TO MAKE A CLAIM YES ☐ NO ☐
 - HAS MADE A CLAIM ALREADY YES ☐ NO ☐
- DETERMINED TO BE A CONVENTION REFUGEE: YES ☐ NO ☐

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

DATE OF ARRIVAL IN CANADA _____ D/M/YR

⁸ Applies to both heterosexual and same sex relations

➤ IF A **PORT OF ENTRY** REFUGEE CLAIMANT:

DATE REFUGEE CLAIM FILED: _____ D/M/YR (DATE STAMPED ON IMMIGRATION ID)

CLIENT IMMIGRATION ID#: _____ IMMIGRATION FILE# _____

• IF AN **INLAND** CLAIMANT YET TO MAKE A CLAIM:

PORT OF ENTRY: BORDER - YES ☐ AIRPORT – YES ☐ SEA – YES ☐

TRAVEL DOCUMENTS: FALSE PASSPORT - YES ☐ VALID PASSPORT - YES ☐
VISITORS VISA - YES ☐ OTHER - _____

IF VALID PASSPORT:

PASSPORT #: _____
TYPE/NATIONALITY: _____
DATE OF ISSUE: _____ D/M/YR
DATE OF EXPIRY: _____ D/M/YR

OTHER ID:

- | | | | | |
|---------------------|-----|--------------------------|----|--------------------------|
| • BIRTH CERTIFICATE | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • BAPTISMAL CARD | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Please photocopy all ID for file.
NO ☐

Done YES ☐

3. REFERRING AGENCY INFORMATION:

REFERRED BY: _____

CONTACT NAME: (First) _____ Last: _____

POSITION _____

PHONE#: _____ - _____ - _____

FAX#: _____ - _____ - _____

4. DETENTION REPORTING (if applicable):

IF RELEASED FROM DETENTION DOES THE CLIENT HAVE TO REPORT TO:

- | | | | | |
|--|-------|--------------------------|----|--------------------------|
| • IMMIGRATION ENFORCEMENT AT AIRPORT ROAD: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • BOND/BAIL PROGRAM ON VICTORIA STREET: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • REPORTING DAY & TIME | _____ | | | |

Please photocopy all documents related to reporting for file.

Done YES ☐ NO ☐

5. COMPETENCY IN ENGLISH:

FIRST LANGUAGE: _____

LEVEL OF ENGLISH: NONE ☐ BASIC ☐ INTERMEDIATE ☐ ADVANCED ☐

INTERPRETER NEEDED FOR CASE MANAGEMENT: YES ☐ NO ☐

IF INTERPRETER USED FOR INTAKE:

NAME OF INTERPRETER: _____ PHONE NUMBER _____

6. HEALTH:

GENERAL HEALTH: GOOD YES ☐ NO ☐

IF NO PHYSICAL HEALTH ISSUES & CONCERNS:

- | | | | |
|-------------------------------------|-----|--------------------------|-----------------------------|
| • HIGH BLOOD PRESSURE | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • LOW BLOOD PRESSURE | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • DIABETES | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • HEART HEALTH | | | |
| • HEART ATTACK | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • IRREGULAR HEART BEAT | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PALPITATION | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • ALLERGIES | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PENICILIN | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PEANUTS | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PERFUMES/SCENTS | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • DISABILITIES | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • EPILEPSY | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • _____ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • PREGNANCY if Relevant | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| • SPECIAL DIETRY NEEDS ⁹ | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |

⁹ Due to medical health issues and recommended by a Doctor

DESCRIPTION:

TRAUMA/EMOTIONAL HEALTH: GOOD YES ☐ NO ☐IF **NO** EMOTIONAL HEALTH ISSUES & CONCERNS:

- ANXIETY YES ☐ NO ☐
- STRESS YES ☐ NO ☐
- VIOLENCE IN INTIMATE RELATION YES ☐ NO ☐
- _____ YES ☐ NO ☐
- _____ YES ☐ NO ☐

7. MEDICATIONIS THE RESIDENT TAKING ANY MEDICATION: YES ☐ NO ☐

	NAME	DOSAGE/FREQUENCY	NON/PRESCRIPTION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DOES THE CLIENT NEED A REFILL: YES ☐ NO ☐DOES THE CLIENT NEED A MEDICAL APPOINTMENT: YES ☐ NO ☐*Please review Medication Policy and fill the Medication Log Forms in file Done YES ☒ NO ☐*

Please make sure you do not assign a top bunk to anyone with a physical disability, mobility issues due to age and size.

8. ANY OTHER RESIDENT CONCERNS OR ISSUES**Please transfer the To-Do items to SMIS**Done YES ☐ NO ☐3. Staff Signature:¹⁰ _____

Date: _____ D/M/YR

4. Staff Signature: _____

Date: _____ D/M/YR

¹⁰ Staff signatures for both staff unable to complete and complete the Intake are required.

5.4. Involuntary Discharge and Service Restrictions Policy

POLICY DETAILS	
POLICY NAME	Involuntary Discharge and Service Restrictions Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	5.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
SSHA REFERENCE	8.1, 8.4.a.(i); 8.4.2.a.(i)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Residents

Policy

La Passerelle-I.D.É. and its employees shall endeavor to provide barrier free services and supports to the residents and ex-residents in a supportive manner i.e. in a non-punitive, non-judgmental manner and from the intent of informing and educating residents to ensure successful settlement.

Residents may be discharged or may be issued a service restriction if they are found non-compliant with the Terms of Conditions of Stay. All interactions and interventions with residents will be informed by principles of anti-racism, access and equity to ensure the successful exit of residents from the residential program and successful settlement in Canada.

Guidelines

Involuntary Discharge occurs when a resident is discharged through a progressive disciplinary system of warnings for failure to comply with the Terms and Conditions of Stay contracted at the time of intake.

For the purpose of this policy there are three types of Involuntary Discharges, namely:

Level I: An Involuntary Discharge that results from the failure to comply with the Terms and Conditions of Stay contracted at intake. These Terms and Conditions are related to communal living responsibilities as a condition of residence:

- Consistent Breaking Curfew
- Disrespectful language or behavior that does not fall within the definition of violence or non-compliance with the anti-harassment and anti-discrimination requirements
- Other communal living related requirements such as non-smoking in the building

Level II: An Involuntary Discharge that results from the failure to comply with the Terms and Conditions of Stay contracted at intake. These Terms and Conditions are related to anti-racism and anti-discrimination requirements as a condition of stay:

- Non-compliance with the anti-racism and anti-discrimination requirements as a condition of stay including threats, racist and other discriminatory remarks and/or behavior

Level III: An Involuntary Discharge that results from the failure to comply with the Terms and Conditions of Stay contracted at intake. These Terms and Conditions are related to non-compliance with Criminal, Property, Health and Safety, Workplace Violence, Fire Regulations and Laws:

- Using drugs, alcohol, an/or any other banned substance including but not limited to prescription drugs
- Theft or willful damage of Residents or Building Property
- Any physical violence, including but not limited to sexual harassment, sexual assault of an adult or child
- Any hate activity, including the distribution of hate propaganda, and/or inciting violence based on hate

The policy recognizes that the three types of Involuntary Discharges as described may not necessarily be discrete and one or more levels may apply in different cases.

Procedures

Level I

Staff will upon the first occurrence:

- Review the Terms and Conditions of Stay with the client
- Document in SMIS

Staff will upon the next two occurrences:

- Issue two warnings reviewing the breaches and the Terms and Conditions of Stay
- Document in SMIS

Staff will on the third occurrence:

- Review the breach and draw up a Final Written Contract
- Ask the resident to sign the Final Written Contract
- Place the signed contract in the clients file in the Warning Section if signed by the client and if not signed with a comment that the resident refused to sign the contract but that the contract content has been reviewed with the resident where necessary with the help of an interpreter
- Document in SMIS

Staff will upon the fourth breach:

- Discharge the resident in consultation with and approved by management
- Provide the resident with the Exit Talk and Resident Evaluation Survey
- Inform the resident that the resident can appeal the discharge with management or Toronto Shelter and Support Services (provide phone number)
- Find another residence for the individual
- Discharge the resident within 8 hours
- Inform the resident that she/he can still access support services as an ex-resident
- Document in SMIS

Level II

Staff will upon the first occurrence:

- Review the Terms and Conditions of Stay with the client
- Issue a Warning
- Review the breach and draw up a Final Written Contract
- Ask the resident to sign the Final Written Contract
- Place the signed contract in the clients file in the Warning Section if signed by the client and if not signed with a comment that the resident refused to sign the contract but that the contract content has been reviewed with the resident where necessary with the help of an interpreter
- Document in SMIS

Staff will upon the second occurrence:

- Discharge the resident immediately in consultation with and approved by management
- Provide the resident with the Exit Talk and Resident Evaluation Survey
- Inform the resident that the resident can appeal the discharge with management or Shelter Support and Housing (provide phone number)
- Find another residence for the individual
- Inform the resident that she/he will be barred from accessing services and supports for 1 month
- Document in SMIS

Level III

Staff will upon the first breach:

- Discharge the resident immediately in consultation with management¹¹
- Involve the Security or Police, if necessary, in consultation with management¹²
- Inform the resident that the resident can appeal the discharge with management or Toronto Shelter and Support Services Division (provide phone number)
- Find another residence for the individual
- Inform the resident that she/he will be barred from accessing services and supports for a minimum of 6 months followed by a reassessment prior to re accessing services
- Inform the resident criminal charges may be laid by the victims and/or by the police
- Document in SMIS

For the purpose of the Involuntary Discharge Policy, staff will:

- Consult with management at all levels of Involuntary Discharge and/or **immediately** after
- Complete an Incident Report for all levels of Involuntary Discharge prior to leaving their shift or as negotiated with management, with each staff reporting independently, factually and without prejudice or bias
- Document all information in SMIS

Management will review all involuntary discharges and institute corrective measures as merited.

¹¹ If not possible prior to discharge due to safety and security reasons i.e. risk to self or others **immediately** after the incident

¹² Same as above

Discharged Resident's Belongings

A resident packing his/her belongings should never be left unsupervised. Where the resident refuses to pack his/her belongings and/or police have been called to escort the resident from shelter, staff will pack the residents belongings once the resident has left. An inventory of the resident's belongings, including the number of bags and boxes will be made and the resident property will be placed in the office.

Staff in consultation with management will make specific arrangements about pick up of the resident property by telephone. The resident will only be allowed supervised access on the property under extenuating circumstances and **only** with the approval of management.

Tracking of Involuntary Discharges, Review & Conditional Re-Admission Contract

All involuntary discharges will be reviewed on a regular basis and in particular if a request for readmission occurs.

A bar may be lifted where conditions for readmission recommended by staff and established by management have been demonstrated as met by the ex-resident.

A conditional re-admission contract stipulating the Terms and Conditions of Stay specific to the resident will be placed in the resident file and documented in SMIS.

The resident will be immediately discharged by staff in consultation with management as described in Level 3 – Involuntary Discharge for any breaches of the conditional re-admission contract.

Example:

An ex-resident was barred for 6 months for a single serious assault which resulted in injury (stitches) to another woman, while under the influence of drugs. The conditions set for the resident are as follows:

- To be drug free for a minimum of one year and to attend regular drug related counselling/support. The counsellor of the resident **must** confirm this prior to re-admission.
- Breach of the terms of the Conditional Re-admission contract shall result in immediate discharge. Charges will be laid.

Appendix: Summary of Warnings Form

Breach of Residence Rules and Warnings

Please remember warnings are corrective measures for any breaches of the Contract of Terms and Conditions of Stay and must follow the Discharge and Involuntary Discharge Policy. Warnings can be appealed with management and may be cancelled where management assesses the warnings to be unmerited.

Please remember staff in compliance with the Discharge and Involuntary Discharge Policy can draw a Final Contract. Management must be consulted re Final Contracts. **No involuntary discharges are to be implemented by staff without management approval.**

Please see the Discharge and Involuntary Discharge Policy for exceptions and related procedure and the requirements of completing an Incident/Serious Occurrence Report.

RECORD OF WARNING #1

Reason and Explanation: (Please, state the breach) **LEVEL#** _____

Staff Name: (First) _____ (Last) _____ (PRINT)

Staff Signature: _____ Shift: _____ Time: _____ AM/PM

Date: _____ D/M/YR

RECORD OF WARNING # _____

Reason and Explanation: (Please, state the breach) **LEVEL#** _____

Staff Name: (First) _____ (Last) _____ (PRINT)

Staff Signature: _____ Shift: _____ Time: _____ AM/PM

Date: _____ D/M/YR

FINAL CONTRACT

Please complete the Final Contract and place it in the Warnings Section.

Staff Name: (First) _____ (Last) _____ (PRINT)

Staff Signature: _____ Shift: _____ Time: _____ AM/PM

Date: _____ D/M/YR

Appendix: Final Contract for Condition of Stay

Resident Name: (First) _____ (Last) _____

This is a Final Contract for Condition of Stay in accordance with the agency Discharge and Involuntary Discharge Policy and the violation of the Contract of Terms of Condition signed at the time of Intake and subsequently reviewed with you at each violation.

As per this Final Contract for Condition of Stay, you are hereby informed that you must comply with the following:

1. The Terms of Condition of Stay
2. The Discharge and Involuntary Discharge Policy

In particular your failure to comply with:

1. _____
2. _____
3. _____

You are hereby informed that you are required to:

1. _____
2. _____
3. _____

Failure to comply with the above shall lead to your discharge from the shelter.

Staff Name: (First) _____ (Last) _____ (PRINT)

Signature: _____

Date: _____ D/M/YR

Time: _____ AM/PM

Resident Signature: _____

Date: _____ D/M/YR

Time: _____ AM/PM

- | | | | |
|---|-----|--------------------------|-----------------------------|
| ➤ Resident Issued a Copy of the Final Contract: | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| ➤ Resident Refused to Sign the final Contract: | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| ➤ Copy to file: | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| ➤ Copy to Manager: | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| ➤ Incident Report (if required) | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |

5.6. Voluntary Discharge, Transition and Follow up Policy

POLICY DETAILS	
POLICY NAME	Voluntary Discharge, Transition and Follow Up Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	5.6
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.4
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Residents

Policy

Whether a resident is leaving upon successful completion of the residential program, or due to voluntary discharge, the agency will provide the resident with support and assistance to make a safe transition.

Once a resident has secured housing, the resident must move as soon as the housing is available and no later than 24 to 48 hours thereafter, to make room for new residents.

Exceptions to the policy shall only be made in consultation with management due to extenuating circumstances including but not limited to:

- When the 48 hours fall on the week-end and the Case Worker, the resident or landlord has changed his/her decision
- There are health and safety issues related to trauma

A short extension may be granted. The staff, in consultation with management, will set up a discharge case plan.

Exit planning and move out date will be scheduled as soon as the Case Worker confirms the successful acquisition of housing. The exit procedure must be initiated and completed with the resident at least a week prior to moving out.

For up to twelve (12) months following discharge, and at the request of the client, La Passerelle-I.D.É. can provide follow-up services or referrals to help support the client's transition to housing, provide crisis support and/or provide eviction prevention information.

Guidelines

Voluntary discharge occurs when

- a resident exits the residential program of their own free will and upon the successful re-establishment of the resident in the community; or

- a resident exits the residential program with the mutual agreement and support of the agency as the residential set up of the agency is likely to re-traumatize the resident and/or there are other extenuating circumstances.

The resident shall continue to be provided case management supports as a community client and/or as an ex-resident.

Procedures

1. Staff will upon housing being secured:¹³
 - Conduct an exit meeting involving:
 - An exit talk document review
 - Completion of a Resident Evaluation Survey that a resident can fill on her/his own and/or complete it with the staff
 - Pass the survey to management
 - Make appointment with the Furniture bank and provide a community mapping/tour.
 - Set follow up appointment
 - Explain mail pick up
 - On the day of the discharge the staff will ensure that the resident has:
 - Cleaned the bed area
 - Washed the linen
 - Returned the key fob
2. For voluntary discharge due to trauma issues¹⁴, staff will in consultation with management:
 1. Set up a case management plan
 2. Follow the procedures outlined above
3. The staff in initiating and completing the exit of a resident will:
 - Provide information related to their refugee claim and other issues specially related to change of address to the following:
 - Immigration & Refugee Board
 - Citizenship and Immigration Canada
 - Lawyer
 - Doctor
 - Health Professionals such as Public Health Nurse
 - Bank
 - Others as relevant to the resident's case
 - Provide information related to trauma management and relevant community resources
 - Ensure safety planning where necessary with women survivors of gender persecution and intimate violence
 - Provide referrals where necessary to:
 - Food Banks
 - Clothing Banks
 - Schools
 - ESL Training

¹³ Please note only a brief procedure is outlined for Voluntary Discharge for the purpose of the Discharge Policy and the staff are required to follow the detailed Voluntary Discharge and Exit Policy and Procedure

¹⁴ Same as above

- Nearest Community Health Centre
- Family Physician where possible from the racial/cultural/linguistic background of the resident
- Information re. the monthly BNA allocation from Ontario Works will be used for food in the first month of leaving the shelter.
- Arrange with Kitchen Staff to prepare a box of a basic food care package
- Review the role of the Follow-up and Case Worker re the following supports:
 - OW/ODSP
 - Monthly Reporting Income Forms
 - Training and Education
 - Clothing Entitlement
 - Problems related to Welfare or the Worker if any
 - Legal
 - Work Permits
 - Employment
 - Re Training
 - Professional Accreditation & Evaluation
 - Employment Resource Centers
 - Bank
 - Opening Accounts
 - Use of Bank Card
 - Telephone/Internet
 - cell/home phone, how to get internet
 - Food Banks
 - Nearest Food Banks
 - Free meal facilities
 - Clothing Banks
 - Nearest Clothing Banks
 - Follow-up Visits
 - The criteria for follow-up i.e. in crisis
 - Furniture Banks
 - Referral to Furniture banks
 - Second hand outlets such as:
 - Salvation Army & Good Will Stores
 - St. Vincent De-Paul, Value Village and Thrift Stores, including Garage Sales
 - Mail
 - To make a change of address for their personal mail
 - The residence will not be responsible for their mail three months after the discharge
- Provide the resident with a copy of the Resident Evaluation Survey. The resident should be told that the survey when completed can be given to staff who will give it to management or directly be given to management. If the resident wishes, it can be completed with the staff with the assistance of an interpreter if necessary.

Moving Day Procedure

- All property must be returned. Items belonging to the residence are logged upon intake and throughout the resident's stay on the Resident client list of supplies Form found in the hard case file. The form must be dated and signed off by the staff on shift indicating that the items have been returned. The staff will ensure the room is tidy, all belongings have been taken, bed bug covers remain on the bed and pillow and the house laundry is done if the client has not done the laundry.

Follow up and Closing the File (Settlement)

- At the request of the resident, provide follow up by phone for up to 12 months post exit.
- The staff closing the file will:

- Ensure that the file contents, are properly organized and fastened to an eight by eleven file folder.
- The file number should be written on the right-hand tab.
- Record the departure date in the Intake/Departure Log binder and the outcome of the departure.
- Put the closed case form in the managers mail slot for filing

5.7. Daily & Weekly Occupancy

POLICY DETAILS	
POLICY NAME	Daily and Weekly Occupancy
POLICY GROUP	Administration
POLICY NUMBER/CODE	5.7
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.3.3
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Residents

Policy

Staff will conduct regular rounds to monitor the occupancy of the residence, at a minimum of two (2) rounds per shift. Any unoccupied rooms will be identified to facilitate access for other clients seeking a bed.

Staff will mark the final number of occupied beds at 4:00 a.m. on a hard copy of the SMIS-generated bed log, which must be signed by the authorized staff and stored appropriately.

Procedures

The **Overnight** staff shall:

1. Shall verify the daily occupancy from the evening shift and document the same on the Daily Bed Chart Form and insert her/his name in the appropriate place in SMIS
2. Report the Daily Occupancy to staff on shift D1

Day1 staff shall:

3. Record any changes resulting from exits and intake, including beds on hold

D2 staff shall:

4. Fill out a **new** daily bed chart for the day each day and reflect any changes in occupancy
5. Communicate the occupancy for the day to E1 staff

The **Evening** staff shall:

6. Record any changes resulting from exits and intake, including beds on hold

E2 staff shall:

7. Sign the Daily Bed chart if there is no change in the occupancy
8. Fill out a **new** daily bed chart to reflect any changes in occupancy
9. Communicate the occupancy for the evening to the Overnight staff

Weekend Overnight staff:

10. Complete the Weekly Occupancy Form

The **Manager** shall:

11. Verify the daily Occupancy

5.8 Occupancy Fee Contribution

POLICY DETAILS	
POLICY NAME	Occupancy Fee Contribution
POLICY GROUP	Administration
POLICY NUMBER/CODE	5.8
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	N/A
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Residents

Policy

Staff are required at intake to discuss and where appropriate have a client sign an occupancy cost contribution agreement. Clients seeking admission to La Passerelle's Transition Home or at any point during their stay who have a source of revenue are required to contribute to the Home's costs by paying an occupancy fee. The occupancy fee is based on a 'means to pay' assessment.

The monthly occupancy cost is

- \$250/month for those receiving ODSP/OW
- \$125/month for people with an employment income

Occupancy Cost Contribution Agreement

Below is the Occupancy Cost Contribution Agreement (Schedule A) that any African francophone refugee or claimant seeking admission to the Transition Home or a resident who has revenue at any point during their stay, are required to sign.

Occupancy costs for shelter/transition homes are consistent with La Passerelle's Toronto Shelter Services agreement. The Transition Home does not fall under the *Residential Tenancies Act* and as such is not subject to being legally challenged by the Landlord and Tenant Board. The *Residential Tenancies Act* eviction legislation does not apply. An occupancy fee is not considered to be rent but a contribution to the costs of running the residence and programs.

SCHEDULE

OCCUPANCY CONTRIBUTION COST AGREEMENT

This agreement dated the ____ day of _____, 2025 (the “Agreement”)

Between:

La Passerelle IDE

(The “Provider”)

-And-

(The “Resident”)

Whereas La Passerelle-I.D.É. is a non-profit organization that provides shelter transition home services for individuals who are homeless.

And whereas the provider’s transition shelter programs are for individuals who are homeless and who require support to develop the skills and resources to reside independently in a stable and permanent home.

And whereas the purpose of the transition shelter program is to provide services to participants so that they can develop the skills and resources needed to reside independently in a stable and permanent home.

And whereas participants are provided with transition accommodation for the purpose of receiving supports and services that are geared towards permanent housing.

And whereas, subject to the terms and conditions of the program, the participant will be able to participate in the transition home program for the term of 8-12 months based on the recommendation of the Case Worker and transition home manager.

Occupancy Contribution Cost

1.01 This contribution to occupancy costs is not considered rent. This agreement does not fall under the *Residential Tenancy Act*. The *Residential Tenancy Act* eviction process does not apply to residents living in the transition home.

1.02 You agree to contribute to the occupancy cost. The total monthly occupancy contribution is set out below, to be paid on the first day of each calendar month.

1.03 We recommend that each resident use direct deposit or e-transfer to pay the occupancy contribution cost.

- ***\$250/month for those receiving ODSP/OW***
- ***\$125/month for those with employment income***

The Services

2.01 You will meet with La Passerelle’s case manager within 48 hours of intake. You and the Case Manager will develop a case management plan (the “initial assessment”). The objective of the Case Management Plan is to provide you with a process to obtain the supports and resources that you will need to reside independently in a stable and permanent environment. This Plan will consist of short- and long-term goals aimed at supporting you as you apply for permanent housing.

2.02 You will be assigned a Primary and Secondary Case Worker. The Case Worker will work with you to carry out and re-evaluate goals in accordance with the case plan. You will meet with the case

worker once a week. This is a time when you and the Case Worker will assess whether the goals in the case plan are being met, and whether a review or revisions to the Case Management Plan are needed.

The Room

3.01 The Transition Home provides you with a room consisting of a bed, mattress, pillow, and linen.

3.02 You acknowledge that the room, the common areas of the building which include, the main entrance, hallways, dining area and the stairways (“the Common areas”) and all facilities are in good state of repair, are clean, well maintained, and fit for use and habitation. You agree to maintain the room in the same condition as existed when assigned, excepting reasonable wear and tear.

3.03 For safety and confidentiality, you are not allowed to have guests or other persons in your room.

3.04 Room checks will take place regularly and the date and time will be posted in advance.

Food Services

4.01 La Passerelle-I.D.É. will provide you with three meals per day prepared by staff, and a snack.

Exit from the Program and Residence

5.01 You may be asked to leave the residence immediately if you choose not to follow the Terms and Conditions of Stay, policies, and procedures.

5.02 You may be asked to leave prior to your 1 year expected length of stay for choosing not to follow the Case Management requirements.

5.03 You may be granted an extension of length of stay in exceptional circumstances.

Date:

Resident Signature:

L’Agapanthe, La Passerelle-I.D.É. Caseworker Signature:

6. Case Management



6. Case Management

6.1. Case Assignment

POLICY DETAILS	
POLICY NAME	Case Assignment
POLICY GROUP	Administration
POLICY NUMBER/CODE	6.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.1, 8.3
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

At the time of Intake, staff will assign residents a primary and secondary Case Worker. Each Case Worker shall be assigned a fixed number of clients as primary clients.

All Case Workers are required to work with all clients seeking assistance. Clients shall not be told by any staff to wait until the Primary Case Worker comes on shift for case management support, unless there is a conflict of interest. Staff are requested to disclose any potential or actual conflicts of interest (e.g., resident is a friend or family member of primary or secondary case worker).

Procedures

Staff shall:

1. Assign the clients and assigned rooms/beds at Intake to the Primary Case Worker
2. Set up an appointment for a Case Assessment with the Primary Case Worker
3. Inform the Primary Case Worker of the assigned clients by
 - a. making an entry in the Daily Log/Shift Exchange Form
 - b. completing the entry in SMIS and
 - c. providing the name of the client.

6.2. Needs Assessment/Case Planning

POLICY DETAILS	
POLICY NAME	Needs Assessment/Case Planning
POLICY GROUP	Administration
POLICY NUMBER/CODE	6.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	10
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

The Primary Case Worker or Secondary, in the absence of the Primary, will meet with the new client **within 48 hours** to complete a full case management assessment and plan as per requirements of the City of Toronto Shelter Standards. The case plan and assessment information must be documented in SMIS.

To ensure consistent case management, each staff shall meet with each individual client once per week.

Procedures

Staff shall:

1. Set half hour appointments with each client for a specific time
2. Review the case file, goals and activities requiring follow up, prior to meeting with the client
3. Document all activities in SMIS using the case management framework – legal, health, housing, education/training, etc.
4. Write any immediate follow ups required by the staff on the next shift

6.3. Communication for Case Management

POLICY DETAILS	
POLICY NAME	Communication for Case Management
POLICY GROUP	Administration
POLICY NUMBER/CODE	6.3
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	10
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

For operational efficiency, all staff must communicate with each other and between programs for coordinated case management.

Procedures

Routine Decisions

Staff shall:

1. Follow the Documentation Policy 6.4 to communicate between shifts and between programs particularly when coordinated case management is involved. Document in the Daily Log and speak with a manager.
2. Communicate with each other when on shift for routine matters of case management

Critical Decisions

Staff shall:

1. Document matters in the Daily Log/shift exchange form and communicate immediately with management. Critical decisions must be communicated in person with management and/or other avenues outlined in the Documentation Policy 6.4
2. Communicate in person with management on the premises re. all urgent matters related to case management, maintenance, etc.
3. Communicate re. urgent matters after hours or when management is not present on site using the Emergency On-Call Procedures
4. Speak in person with management or by cellular phone re. matters requiring quick consultation. Matters that are not urgent can be communicated to the Manager by voice mail or email when not on premises or directly if on premises.
5. Inform management of any unusual occurrence by leaving a copy of the Incident report, completed prior to leaving the shift, in the mailbox assigned to the Manager and the Executive Director
6. Contact management immediately re any Serious Occurrence involving police and EMS in the case of a life-threatening situation only.

6.4. Documentation

POLICY DETAILS	
POLICY NAME	Documentation
POLICY GROUP	Administration
POLICY NUMBER/CODE	6.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	12.6.1.b.(i)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Management, Staff

Policy

Accurate and factual documentation is critical to efficient and effective case management and communication. All staff are required to document each related intervention with residents, internal and external stakeholders. Staff are prohibited from having secret/private interactions with residents. All resident interventions must be documented.

Resident service plans will be updated at least once per week. Staff will create summaries of service plans once every 2 months.

Procedures

Resident File Notes (SMIS and hard copy file)

The Resident file is the central file for case management purposes and the staff must document every intervention related to the case management of the resident on SMIS

The Resident file is the **“legal”** file that would be released in the event the agency was served a subpoena for a legal proceeding as well as notes from SMIS.

The purpose of the Resident file is to ensure that the case management activities of a resident are duly documented.

Staff shall for each entry:

1. Follow the SMIS steps to document in the client file
2. Write the entry clearly, legibly, concisely the entry factually without:
 - Prejudice and bias
 - Subjective or judgmental statements. Instead use a factual description of the events.
3. Indicate the follow-up work that was done or still needs to be done
4. Refer to another resident using initials only
5. Record necessary information for your coworkers who have to follow up on the case

Staff are **prohibited** from using corrective/white out fluid for any entries in the hard case file. If an error is made:

- Cross the error out once leaving it still readable
- Initial the crossed error
- Write the correct information or change below the crossed entry following the above
- In SMIS follow the procedure for corrections. Only management administrators can fully correct an entry

Staff shall not leave resident files in open view of other residents thereby breaching confidentiality.

Daily Logbook

The purpose of the Daily Log is to communicate daily operational information to staff coming on shift.

The documentation in the Daily Log is to follow the above procedures; the only difference is that the entries are precise and succinct with a reference of “See file for Details”

The Daily Log is not to be left open within the view of residents which could lead to breaches of confidentiality.

The Daily Log may include the following:

- Organizational reminders from management
- Appointments to be scheduled
- Escorts for appointments
- Interpreter bookings
- Exits done and Files closed
- Case Management information sharing i.e. client in crisis to monitor
- New intakes – Intakes to be done
- Warnings
- Specific instructions for Worker am/pm/overnight shift can be left by name
- Room checks follow up if required

6.5 LGBTQ2S Clients

POLICY DETAILS	
POLICY NAME	LGBTQ2S Clients
POLICY GROUP	Administration
POLICY NUMBER/CODE	6.5
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS Reference	10.3.3
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Management, Staff, Residents

Policy

The purpose of the LGBTQ2S Clients Policy is to ensure that La Passerelle-I.D.É. has the appropriate measures in place to offer programs and services which are inclusive of LGBTQ2S clients. This policy is to be used to inform La Passerelle-I.D.É.'s application of all client related policies and procedures.

La Passerelle-I.D.É. is committed to ensuring that LGBTQ2S residents have access to health and support services. To ensure that LGBTQ2S residents have full access to relevant services, La Passerelle-I.D.É. will maintain a comprehensive and accessible list of local resources that are LGBTQ2S-specific. Where needed, La Passerelle-I.D.É. will provide clients with appropriate referrals to confirmed LGBTQ2S-positive health/services providers.

La Passerelle-I.D.É. is committed to maintaining a safe and inclusive environment for LGBTQ2S clients.

6.6. Financial Savings Plan

POLICY DETAILS	
POLICY NAME	Financial/ Savings Programs Policy and Procedures
POLICY GROUP	Administration
POLICY NUMBER/CODE	6.6
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS Reference	10.3.4
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Management, Staff, Clients

Policy

The purpose of the Financial/Savings Programs Policy is to facilitate La Passerelle-I.D.É.'s efforts to encourage and work with clients to establish financial savings.

La Passerelle-I.D.É. clients are entitled to a Financial/Savings plan that will support their capacity to manage their financial affairs and potentially offset the initial costs of moving into housing. To this end, La Passerelle-I.D.É. is committed to providing a Financial/Savings program as part of each client's service plan and will offer or refer clients to relevant supports. This plan will be a collaborative endeavor, customized to respond to each client's unique needs and goals.

This policy is consistent with a Housing First Approach.

Procedures:

The Financial/Savings Plan is a component of every Client's Service Plan. The Financial/Savings Plan will be collaboratively developed, reviewed and/or updated, and documented at the Client's monthly Counselling Meetings.

As part of the Financial/Savings Plan, Staff shall:

- Work with the Client to identify the Client's financial needs and goals
- Offer or refer clients to the appropriate supports that will increase the Client's capacity to manage their own finances. These would include, at a minimum, programs that offer credit counseling and household budgeting
- Encourage and work with Clients to open a bank account if they do not have one

Responsibilities:

- Develop a Financial/Savings Plan: Staff and Client
- Offer or refer appropriate supports: Staff

6.7. Shift Change

POLICY DETAILS	
POLICY NAME	Shift Change
POLICY GROUP	Administration
POLICY NUMBER/CODE	6.7
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
SSHA REFERENCE	N/A
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. is committed to excellence in services by conducting efficient and effective case management. To achieve this purpose, La Passerelle-I.D.É. requires all its program employees to effectively and efficiently communicate case management related information from shift to shift, including where coordinated case management is required with internal or external programs and professionals. In addition to case management, communication includes identification of any facilities issues that require attention subsequent to a shift change.

Shift change will occur between the night and morning staff and the evening and overnight staff through a written shift change process. The reconciliation of Petty Cash and Taxi Vouchers for residents **will be done in the presence of the exiting staff lead**. All staff on duty will use half-hour for reading the shift change notes and the Daily Log entries for the previous day if necessary. The afternoon shift change will be a face-to-face shift change with a completed written shift change as reference.

All written shift changes along with shift responsibility check lists will be attached together, signed by the staff and filed in the shift change binder. Staff are required to hold each other accountable for inaccurate shift change and incomplete tasks and to-dos.

Staff are also accountable for reconciling all moneys and taxi vouchers at the beginning and end of their shifts; staff will be required to make up differences for any losses. In this respect it is imperative to do the count in the presence of the previous shift staff.

Procedures

Staff shall:

1. Prepare a written shift change on the Shift Change Form
2. Ensure Shift Change Notes are succinct and to the point similar to the Daily Log notes - detailed notes should be in resident's SMIS files and shift change notes should indicate to read the SMIS file for details
3. Start winding down half an hour prior to a face-to-face shift change and/or prior to the end of the shift. Staff will complete all entries in client files, daily log, To-Do's and the Shift Change Form
4. Start shift change on time by closing the door for confidentiality and put a notice on the door shift change in progress

5. Report the occupancy accurately, including any beds have been put on hold and/or vacant beds, and note who is in the house and who is out
6. Provide the Petty Cash and Taxi voucher reconciliation accurately by the staff lead – all shortfalls are the responsibility of the exiting staff example if a taxi voucher is unaccounted for the exiting staff shall replace the voucher prior to leaving shift or its equivalence in cash. The incoming staff will be responsible for replacing the short fall if the staff failed to do a reconciliation prior to the exiting staff leaving
7. Report on any maintenance and repair issues and document in the maintenance logbook
8. Report on the general tone of the house
9. Report on case management activities requiring immediate follow up by either the primary or secondary worker.
10. Communicate all completed or scheduled appointments
11. Communicate any emergency shifts requiring replacement with relief – the same are to be notified to management by cell and voice mail in office
12. Finish shift change on time (30 minutes) and open the door for client accessibility to incoming staff
13. Insert the shift change notes and the attached shift responsibilities check list in the Shift Change Binder
14. Exit the office on time leaving a neat office and the premises to ensure the smooth transition of case management to the incoming shift.

Appendix: Shift Change Form

Please **PRINT** the first Section:

Section I

Name of Staff: _____ Shift: _____
Date _____

Section II

1. Occupancy - _____ Vacant: _____ On-Hold: _____

2. Reconciliation: Petty Cash Balanced Yes ☐ No ☐

 Taxi Vouchers Balanced Yes ☐ No ☐

3. Maintenance & Repair: Informed Management Yes ☐ No ☐

4. General Tone of the House:

Section III

1. Case Management related Information:

#	Client First Name	Update/Issues	Follow up Needed	Completed Yes/No

Signature of Staff:

_____ Date: _____ D/M/YR

7. Basic Needs & Services



7. Basic Needs and Services

7.1 Basic Needs

POLICY DETAILS	
POLICY NAME	Basic Needs
POLICY GROUP	Administration
POLICY NUMBER/CODE	7.1
DATE ISSUED/APPROVED	March 2025
PREVIOUS POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	9.1
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

Upon admission, all residents of the La Passerelle-I.D.É.'s transition home will have access to basic needs for their stay, including but not limited to:

- bedding
- toiletries and personal hygiene products
- transportation based on need (e.g., medical or other important appointments)

Procedures

The Staff shall complete the resident client list of supplies form at intake and insert into the resident file.

7.2 Missed Meals

POLICY DETAILS	
POLICY NAME	Missed Meals
POLICY GROUP	Administration
POLICY NUMBER/CODE	7.3
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	9.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É.'s staff shall ensure that all residents have access to three nutritious and balanced meals and a snack in accordance with Canada Food Guidelines.

On occasion, residents shall miss meals due to case management related appointments. The staff shall ensure that residents who have missed meals and have notified staff in advance are provided with a meal upon return to the transition home.

Residents will not have access to the kitchen to prepare meals, only staff. Residents must speak with staff should they need something from the kitchen.

Procedure

1. Staff shall orient residents who are likely to miss meals due to appointments that their meals can be kept until their return
2. Staff shall complete the "Meals To Be Kept" Form on behalf of the client
3. Residents shall advise staff the day before their absence from the meal, that they will be late and to save their meal. Residents must have a valid reason such as a medical, legal or other case management appointment for being absent during meal time.
4. Staff shall set aside food for the residents who have completed and signed the "Meals To Be Kept" form and write the name of the resident on the meal container.
5. Upon the return of residents, staff shall provide the resident's meal
6. For Residents who forget to fill the "Meals To Be Kept" Form, Staff shall:
 - Review the Missed Meals policy with the resident. Staff will not with-hold access to food or berate a resident.
 - Provide residents with a plate of food left from the meal prepared for the day if available
 - Provide residents with basic food items (e.g., tuna) as an alternative if there is no food available from the daily meal

7.3 Special Dietary Needs

POLICY DETAILS	
POLICY NAME	Special Dietary Needs
POLICY GROUP	Administration
POLICY NUMBER/CODE	7.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	9.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

Some residents may have special dietary needs related to underlying health conditions.

In keeping with the commitment of La Passerelle-I.D.É. to provide barrier free services, the agency will accommodate the special dietary needs of residents as much as possible.

For the purpose of this policy, “Special Dietary Needs” may require supporting medical documentation.

Procedure

Staff shall:

1. Identify residents who have Special Dietary Needs at Intake and/or during their stay.
2. Notify the manager or staff of such needs so that an accommodation plan can be put in place.
3. Complete on-going reports on the health progress of the resident.

7.4 Trauma and Related Food Issues

POLICY DETAILS	
POLICY NAME	Trauma and Related Food Issues
POLICY GROUP	Administration
POLICY NUMBER/CODE	7.5
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	9.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

Some of residents may suffer from trauma related food issues.

Staff will ensure that such residents are medically assessed, and a plan of care instituted as directed by a medical professional.

Procedures

Staff shall:

1. Identify residents who appear to have trauma related food issues e.g., malnutrition (not eating), excessive eating, bingeing and/or purging
2. Flag the issues for the staff team and the manager
3. Consult with management and set up a medical appointment
4. Accompany the resident if necessary for the medical appointment
5. Record in case management notes as required
6. Ensure that the resident follows the recommended medical regime
7. Make a referral to an agency and/or a therapist to help with the underlying issues
8. Complete on-going reports on the health progress of the resident

7.5 Snacks

POLICY DETAILS	
POLICY NAME	Snacks
POLICY GROUP	Administration
POLICY NUMBER/CODE	7.6
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	9.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. provides three nutritious meals and one snack in the evening.

Procedure

Prior to leaving for the evening, the **Staff** shall:

1. Prepare the snack and distribute to residents as per the food daily schedule.
2. Ensure snacks are consumed on the main floor and not in rooms on second and third floor
3. Close the kitchen following the snack

7.6 Lunch Box/Bagged Lunch

POLICY DETAILS	
POLICY NAME	Bagged Lunch
POLICY GROUP	Administration
POLICY NUMBER/CODE	7.7
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	9.2.
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

Staff shall ensure that those with medical conditions warranting the timely eating of food are provided a Bagged Lunch for appointments.

Staff will ensure that residents with medical issues are under the care of a medical profession who can verify the above needs.

Procedures

Staff shall:

1. Identify residents who need bagged lunches due to medical conditions
2. Inform the staff about the number of residents who need bagged lunches

Staff shall

1. Ensure the grocery purchase of health issue appropriate items
2. Ensure that the bagged lunches are prepared the night before no later than snack time with names written on the individual lunch bags and stored in the fridge
3. Remind the residents to retrieve their lunch bags prior to leaving for appointments

7.7 Exit Care Package

POLICY DETAILS	
POLICY NAME	Exit Care Package
POLICY GROUP	Administration
POLICY NUMBER/CODE	7.8
DATE ISSUED/APPROVED	March 2025
PREVIOUS POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.4.
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. shall provide an Exit Care Package to residents on the day of their departure from the transition home.

Procedures

The **Staff** shall:

1. Prepare and maintain exit care packages every week
2. Place in each exit care package (when items are available):
 - 2 Cereals
 - 8 Cans of Food
 - 4 Cans of Soup
 - 1 Jar of Peanut Butter
 - 2 Loaves of Bread
 - 1 Box of Coffee
 - 1 Small Bag of Pasta or Rice
3. Never include purchased and/or donated meat items

The **Case Worker** shall:

1. Issue one exit care package per person leaving the residence

8. Risk Management



8. Risk Management

8.1. Serious Occurrence

POLICY DETAILS	
POLICY NAME	Serious Occurrences
POLICY GROUP	Governance, Administration
POLICY NUMBER/CODE	8.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Manuel du CA, Politiques des Ressources Humaines
TSS REFERENCE	12.5.2.
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Board, Management, Staff, Volunteers

Policy

La Passerelle-I.D.É. will ensure the safety and security of all associated with the agency, in particular the residents, ex-residents, volunteers, staff, and management. All staff and management are accountable for the application of this Policy and its guidelines.

Guidelines

For the purpose of this Policy, while living in the transition home and participating in a La Passerelle-I.D.É. program or service, the following incidents will be deemed a serious occurrence¹⁵:

- Any death of a client
- Any serious injury, whether deliberately caused or by accident, including self inflicted or unexplained, which requires treatment by a medical practitioner
- Any abuse or mistreatment of residents
- Any complaint made by or about a client that staff consider serious
- Any complaint concerning operational, physical or safety standards staff consider serious
- Any disaster, such as fire on the premises
- Any situation where a client is missing
- Other incidents deemed by management as a serious occurrence

Procedures

The **Staff** shall:

1. Contact and initiate emergency services by calling the emergency police phone number and emergency services such as ambulance, fire department, etc.
2. Take actions internally to address the emergency and ensure the safety and security of everyone
3. Inform management
4. Write a Serious Occurrence Report prior to leaving their shift

¹⁵ Management may deem an incident as a serious occurrence upon reviewing a matter that may not have been deemed as such by staff, volunteers, residents and ex-residents and anyone associated with the operations of the agency.

The **Manager** shall:

1. Contact and inform the Executive Director
2. Come on site to assist staff and emergency services if required
3. Investigate, reassess and take necessary actions to stabilize the situation

The **Executive Director** shall:

1. Inform the Board of Directors
2. Inform the Agency Review Officer of the City of Toronto and any other funding representative
3. Investigate, reassess and take necessary actions to stabilize the situation
4. Institute remedial and preventative measures
5. Forward the Serious Occurrence Report to the funding representatives

3. Outcome and follow-up:

4. Management Contacted:

Staff Signature _____ Date: _____

➤ Copy to file:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
➤ Copy to Manager:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

5. Review of Incident by Management:

Management Action:

Signature: _____ Date _____

➤ Copy to file:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
➤ Copy to Executive Director:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
➤ Copy to Board:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
➤ Copy to ARO:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

8.2. On-Call and Emergency Procedures

POLICY DETAILS	
POLICY NAME	On-Call and Emergency Procedures
POLICY GROUP	Governance, Administration
POLICY NUMBER/CODE	8.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.4.
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Management, Staff

Policy

To ensure the safety and security of all individuals residing in the transition home, staff, the Manager and the Executive Director shall be on call for consultation in critical/emergency situations and management approval when required prior to staff acting.

For the purpose of this Policy, management will periodically check-in by phone with staff and or residents afterhours. Management may also come onsite from time to time when the nature of operation issues are viewed by management to warrant such action.

Guidelines

The on-call system is in place to ensure that La Passerelle-I.D.É. always has staff coverage and that the staff have adequate backup and support in the event of an emergency or situation that requires consultation and or directions such as:

- Reporting a missing person
- Reporting an incident that has liability implications for the agency
- In an emergency where an incident occurs and an additional staff is required at the shelter, or a shift is not covered, and staff is required
- Serious disagreement between two staff on shift about a policy and procedure or analysis of a situation, or conflicts that staff have failed to resolve and need immediate resolution
- Consultation where staff maybe unsure how to proceed
- A staff on duty is unable to perform their duties due to a temporary medical illness
- A staff calls in sick and you are unable to find coverage as per the relief protocol
- Any serious incident where there is fire, death, flood, serious injury, bomb threat, suicide or that involves police/EMS/media
- Major structural breakdowns requiring immediate repairs
- Other policies requiring On-Call support

Procedures

Staff shall:

1. Call the Manager on the Cell Phone and leave a message if the Manager does not pick up
2. Call the Executive Director on the Cell Phone – if the Manager fails to respond within a reasonable amount of time (15 minutes) and or immediately in case of a Serious Occurrence
3. Provide the Manager clear and full details of the matter requiring immediate consultation and resolution with recommendations of possible actions and the reasons
4. Follow the directions to resolve and/or contain the situation
5. Write an Incident Report or a Serious Occurrence report if merited factually and without prejudice
6. Place copies of the report in the client/s file, the mailbox of the Manager, and the Executive Director in the event of a Serious Occurrence
7. Document in the Daily Log and Shift Change Form as the situation warrants including shift change notes.
8. Document in SMIS as appropriate

8.3 Missing Person

POLICY DETAILS	
POLICY NAME	Missing Person
POLICY GROUP	Governance, Administration
POLICY NUMBER/CODE	8.3
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	N/A
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. is committed to ensuring the safety and security of all residents. If a resident does not return, after 24 hours of absence, the staff, in consultation with management, shall institute a Missing Person process.

Procedures

Staff shall:

1. Verify and inform management that a resident has been missing for 24 hours
2. Contact the Police at the non-emergency number
3. Notify the police that a resident has been missing for 24 hours, and that the agency wishes to file a Missing Person Report
4. Provide the Police Officer with the relevant information by phone, noting the Badge # and Name of the Police Officer
5. Provide detailed information when the Police Officer arrives on site
 - Name
 - Date of Birth
 - Description of the resident
 - Distinguishing features such as a scar
 - Nationality, etc.
6. Allow the Police Officer to speak with any resident who may have last seen the missing person
7. Request the attending Police Officer provide Badge #, Name and Division
8. Complete a Missing Person Report Form
9. Place a copy of the Missing Person Report in the resident's file and a copy in the Manager's mailbox

Canceling a Missing Person

Should the missing person contact staff or a resident, or returns to the residence, the staff shall:

1. Contact the Police non-emergency # and/or the Police Officer who came to the residence, and cancel the Missing Person Report
2. Let the resident speak with the Police if requested

3. Reassure the resident if the resident is back and allay any fears related to police involvement and their immigration status
4. Review their responsibilities to prevent such occurrences as per the Contract of Terms and Conditions of Stay
5. Write an Incident Report and place a copy in the resident's file and a copy in the mailbox of the manager, with appropriate entries in the daily log and the resident file
6. Inform the Manager

Responding to Police Inquiring about a Missing Person

The **Staff** shall:

1. Ask and note the information related to the Missing Person that the police are inquiring about and contact the Manager
2. Request the Police Officer give their Badge #, Name, Division and Phone #
3. Inform the Police Officer that as per the protocol established between shelters¹⁶, staff shall answer a police inquiry only after verifying the Police's identity by calling the phone number provided
4. Verify if the person, reported missing, is a resident; if the person is a resident, inform the resident about the Missing Person inquiry from the police and ask the resident to speak with the Police Officer so that the Police can cancel the Missing Person Inquiry
5. Find out from the resident why and who may have filed the Missing Person Report with the Police and provide necessary support
6. Write an Incident Report and document the information in the resident file and daily log and inform Management

¹⁶ Assaulted Women's Shelters

Appendix: Missing Person Reporting Form

Date: _____ D/M/YR Time: _____ AM/PM
Name of Resident: (First) _____ (Last) _____ (PRINT)

Date of Birth: _____ (D/M/YR)

Missing Since: _____ (D/M/YR)

Information Provided to:

1. Non-Emergency Police: YES ☐ Time: _____ AM/PM

Name of Police Officer: (First) _____ (Last) _____ (PRINT)

Badge #: _____ Division: _____

Information Provided:

Please provide the description of resident– height, weight, skin color, color of eyes and hair, any identifying marks see passport copy, clothing last seen in, last seen by whom, including nationality, date of birth, emotional state, etc.

2. Police Officers at the residence Time: _____ AM/PM

Name of Police Officer: (First) _____ (Last) _____ (PRINT)

Badge #: _____ Division: _____

Name of Police Officer: (First) _____ (Last) _____ (PRINT)

Badge #: _____ Division: _____

Information Provided:

Please provide the description of resident– height, weight, skin color, color of eyes and hair, any identifying marks see passport copy, clothing last seen in, last seen by whom, including nationality, date of birth, emotional state, etc.

8.4 Weapons and Prohibited Items

POLICY DETAILS	
POLICY NAME	Weapons and Prohibited Items
POLICY GROUP	Administration
POLICY NUMBER/CODE	8.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.2.1
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Volunteers, Clients

Policy

The Weapons and Prohibited Items policy ensures that any weapon or item deemed potentially dangerous brought onto the property will be confiscated, handled and disposed of in a safe manner.

La Passerelle-I.D.É. clients and staff are entitled to live and work in a safe environment, free from threat to their safety and wellbeing. La Passerelle-I.D.É. is committed to ensuring that neither residents nor employees bring any weapons or items deemed potentially dangerous onto its property. This is a zero-tolerance policy and failure to comply will result in disciplinary action.

Reference may also be made to the Employee Professional Code of Conduct and the Contract of Terms and Conditions of Stay (Responsibilities of Residents).

Procedures:

Confiscation, Handling and Disposal

When any La Passerelle-I.D.É. employee becomes aware of weapons or items deemed potentially dangerous on the resident property, they must alert management and seek guidance from the Toronto Police Service on how best to confiscate, secure and dispose of the weapon or other prohibited item.

If the situation involves a resident, intruder, or staff member behaving in a threatening way towards anybody onsite, the concerned employee must follow protocol outlined in the La Passerelle-I.D.É. Emergency Policy and Procedures.

At Time of Admission

It is possible that a Client may be in possession of a weapon at time of Intake. The Staff conducting the initial assessment:

- Must inform the client of the Weapons and Prohibited Items Policy
- May inquire about any and all items that a client intends to bring into the shelter

- May refuse to admit a client if they have reasonable grounds to believe that the client is in possession of a weapon and/or prohibited item and refuses to disclose the items in question.

If the Client has any weapons or prohibited items in their possession, they are required to hand them over to staff. Such weapons will be kept by Management and returned to the Client upon departure from the residence. If the Client fails to do so, they will be discharged immediately and barred from the residence.

Alcohol and Prohibited Substances

Though La Passerelle-I.D.É. is not an abstinence transition home, drugs, alcohol and other prohibited substances are not allowed on property; any use of drugs, alcohol and other prohibited substances on property will lead to an immediate discharge with a barring. To ensure that this is universally understood, a Staff will inform all Clients of this policy, prior to admission.

Staff Transgressions

Should any Staff or Volunteer possess any weapon or prohibited item/substance on agency property, such possession will qualify as Unacceptable Conduct, and will result in disciplinary action, up to and including termination *‘with cause’*.

Permitted Items

Clients have the right to have the following items in their possession:

- Life-saving medications or medications that have been prescribed (e.g., Epi-pens, nitroglycerin tablets, asthma inhalers, naloxone, etc)
- Harm reduction supplies, including safe injection equipment, safer crack smoking equipment and/or safer sex products.

Responsibilities

- Inform clients of policy: Staff
- Confiscate and dispose of weapons: Management/ Designated staff
- Hand-over all weapons in possession: Clients
- Safe-guard weapons given at admission, to return to owner upon discharge: Management
- Enact disciplinary action when policy is disregarded: Management/ Designated staff

9. Referrals



9. Referrals

9.1 General Referrals

POLICY DETAILS	
POLICY NAME	General Referrals Policy - Residence
POLICY GROUP	Administration
POLICY NUMBER/CODE	9.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Staff

Policy

The purpose of the Referrals Policy is to ensure that all transition home referrals made to and from La Passerelle-I.D.É. are efficiently managed.

Procedures:

When Central Intake refers a client to La Passerelle and Staff are unable to admit the client to La Passerelle-I.D.É.'s transition home and program, Staff will refer the Client back to Central Intake and, if possible, identify another agency who can meet the Client's needs. Staff will strive to take the Client's preferences into account as much as possible when making the referral.

La Passerelle will refer Clients to other agency residences when possible. Staff will:

- Review SMIS information regarding bed availability
- Confirm by phone with the receiving residence that a bed is available
- Complete the referral in SMIS in real time
- Notify Central Intake that La Passerelle has been able to locate a residence

Staff will then offer appropriate transportation assistance (e.g. Taxi vouchers, subway, etc) to the referred Client, considering any Client limitations and safety considerations.

When referring a Client with health issues to another agency, Staff will first communicate the health needs of the client to the receiving agency, with consent from the Client. This will ensure that the receiving agency is able to accommodate the Client prior to staff completing the referral.

Upon the request of a client, La Passerelle-I.D.É. will refer clients to Toronto Public Health's The Works program or an organization listed by Toronto Public Health or another organization that offers harm reduction supplies and related support services for

- Free testing for HIV (anonymous and Rapid testing available), Hepatitis B and C and Syphilis
- Free vaccinations for Hepatitis A and B, Tetanus, Pneumococcal pneumonia and Influenza

- Naloxone distribution and training

If the Client is referred to another agency via telephone, Staff will ensure that they relay clear directions to assist the Client in reaching their destination as easily as possible. And notify Central Intake.

If the referral is not for housing, the arrangement/the referral will be recorded in SMIS and the referred Client will be given the necessary information to contact the appropriate services.

Where La Passerelle-I.D.É. is unable to complete a referral, a Staff Member will:

- Transfer phone requests to Toronto's Central Intake, or provide the Client with Toronto Central Intake's contact information
- Assist a Walk-In Client with contacting the Street to Homes Assessment and Referral Centre, as well as provide directions or transportation assistance (e.g. Taxi vouchers, tokens, etc.)
- Notify the Street to Homes Assessment and Referral Centre of the Client's pending arrival.

Responsibilities:

- Assist Clients through referrals: Staff
- Confirm arrangements with receiving shelters/agencies: Staff
- Assist referred Clients with directions and transportation: Staff
- Record in all referrals and arrangements in SMIS: Staff

9.2. Lawyer Referrals

POLICY DETAILS	
POLICY NAME	Lawyer Referrals
POLICY GROUP	Administration
POLICY NUMBER/CODE	9.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

Lawyer referrals are critical to the refugee claim process and shall be made by staff **only** upon a completed assessment and understanding of the grounds on which the resident is making a claim.

Staff shall not recommend any one lawyer but shall provide general lawyer information and a list of 10 francophone speaking lawyers that La Passerelle-I.D.É. recommends. These lawyers will have areas of specialization such as LGBTQ2S, gender persecution, language/culture/country specific.

Procedures

Staff shall:

1. Complete a refugee case assessment
2. Identify the grounds on which the resident is making a refugee claim through a fact-finding process including review of “port of entry” notes, immigration “interview” notes, any other documentation that the resident has with her/him related to previous claims made in countries other than Canada
3. Review the Lawyer Referral list of 10 francophone lawyers to identify the lawyers that specialize in the issues that form the basis of the resident’s refugee claim
4. Assist the resident in making the calls to short listed lawyers if needed
5. Assist the clients in accessing a free legal consultation to select a lawyer
6. Other referrals shall be similarly made based in the needs assessment and case management goals set up with the resident’s input

10. Health & Safety



10. Health and Safety

10.1. Health and Mental Health Services

POLICY DETAILS	
POLICY NAME	Health and Mental Health Services
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	10.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. will support clients who seek to address their health and mental health care needs. At a minimum, La Passerelle-I.D.É. will:

- Assist clients with finding appropriate support services and make referrals when a residence cannot provide the requested health and mental health services
- Issue a Leave with Permission for clients who seek non-emergency health and mental health care services at another institution
- Provide additional food servings and/or dietary supplements to clients who have been medically diagnosed as undernourished or underweight or refer clients to another service that provides the relevant dietary supports

Harm Reduction

La Passerelle-I.D.É. will:

- Ensure “sharps” containers are available on premises, secured against tampering (e.g., placing a cage around the container that allows for sharps to enter the container) and inform clients of the availability of sharps containers and how to use them.
- Upon the request of a client, La Passerelle-I.D.É. will refer clients to Toronto Public Health’s The Works or similar program for:
 - Free testing for HIV (anonymous and Rapid testing available), Hepatitis B and C and Syphilis
 - Free vaccinations for Hepatitis A and B, Tetanus, Pneumococcal pneumonia and Influenza
- Neither prohibit nor confiscate the following items from clients:
 - Life-saving medications (e.g., Epi-pens, nitroglycerin tablets, asthma inhalers, naloxone, etc.) or medications that have been prescribed
 - Safer injection equipment, safer crack smoking equipment and/or safer sex products
 - Naloxone kits
- La Passerelle-I.D.É. will support clients seeking harm reduction programs by offering public transit fare to attend such programs or related appointments.
- Ensure staff have training on harm reduction and naloxone use

10.2. Medication Policy

POLICY DETAILS	
POLICY NAME	Medication Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	10.2.5, 10.2.3
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

This Policy applies to both non-prescription (over the counter) and prescription medication.

La Passerelle-I.D.É. shall provide some non-prescription medications when a client is unable to pay for these medications, and the Interim Federal Health Plan and Ontario Works Drug Card does not cover them.

All non-prescription and prescription medications will be self-dispensed by the resident according to the instructions on the medication. Staff are not required to issue or monitor client medications.

All medications must be stored in a resident's room or stored in the medication fridge when refrigeration is required.

Non-Prescription Medication

For the purpose of this policy non-prescription medication or commonly referred to as "*over the counter medication*"¹⁷ are medications for common ailment such as colds, fever, headaches which may or not be prescribed by a registered Doctor with the College of Physicians and Surgeons, and/or Dentist¹⁸.

Non-Prescription medication shall include the following:

- Tylenol
- Advil
- Neo-Citran
- Throat lozenges
- Tiger Balm
- Rub A535
- Vicks
- Imodium
- Other as approved in consultation with management

¹⁷ Medication that is not covered or paid in full or part by Interim Federal Health Plan, the Ontario Works Drug Plan and/or any other private health benefit plan

¹⁸ Recommended by a health practitioner recognized by a regulated health association such as Chiropractors

Prescription Medication

For the purpose of this policy, prescription medication is medication that is prescribed by a registered Doctor with the College of Physicians and Surgeons, Psychiatrist and/or Dentist¹⁹

Procedures

Staff will

- Document all issuances of prescribed medication possessed by a resident in the Daily Log and on the shift exchange form.
- Provide secure refrigerator space in an access-restricted area dedicated to the sole storage of medications requiring refrigeration only. Food should not be stored in the same refrigerator as one used for medications.
- Explain how long unclaimed, unused and/or expired medication will be kept before it is properly disposed
- Treat all unclaimed, unused and/or expired medications as hazardous waste and either drop off these medications at a pharmacy, a City of Toronto Household Hazardous Waste Depot, or arrange for third party collection and disposal.

¹⁹ Same as footnote #2

10.3. Purchase of Prescribed Medication by the Agency

POLICY DETAILS	
POLICY NAME	Purchase of Prescribed Medication by the Agency
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.3
DATE ISSUED/APPROVED	March 2025
PREVIOUS POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	10.2.3, 10.2.5
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. will **not** purchase any prescribed medication for a resident that is covered by the Interim Federal Health Plan and/or the Ontario Works Drug Card.

Guidelines and Procedures

- Staff shall review, at intake, each resident's responsibility should they have to go to the Emergency Department, a Community Health Center, a Walk-In Clinic, and/or other medical specialist or to see a Physician.
In these instances, the resident must
 - Show the attending physician and/or health practitioner their Immigration ID
 - Request a prescription that is covered by the Interim Federal Health Plan that is on their Immigration ID and/or on the Ontario Works Drug Card
- The staff shall set up an Intake with Ontario Works if the Interim Federal Health Plan does not cover the prescription.
- Only** management is authorized to make an exception to the policy when:
 - The resident has not acquired an Immigration ID and Interim Federal Health Coverage because an in-land refugee claim has yet to be started²⁰
 - Neither of the Canada health plans mentioned above cover the prescribed medication
 - There is a medical emergency, and a prescription is issued to a resident that management has assessed must be filled due to the nature of the medical crisis or other extenuating circumstances
- The staff shall under these circumstances:
 - Work with the pharmacy to dispense a partial prescription
 - Set up an appointment at a Community Health Centre where residents without Immigration ID can get medication without cost to the agency
 - Start a process with Immigration to make an in-land refugee claim immediately²¹

²⁰ All residents are to start an in-land claim within two working days of their arrival unless there are extenuating circumstances

²¹ Same as in footnote #5

5. In the event a resident prescription has to be paid by the agency and/or reimbursed, and at the discretion of management:
 - The resident will pay for any prescription that is fifteen (15) dollars or less using their own money or their personal needs allowance
 - If the prescription exceeds \$15 then the resident will pay for the first fifteen dollars (\$15) and La Passerelle-I.D.É. will pay the balance. For example, if a prescription cost \$50 the Resident will pay \$15.00 and La Passerelle-I.D.É. will pay \$35.00
 - The staff shall use the Petty Cash for purchase and/or reimbursement upon getting approval from management.

10.4. Intravenous Use and Disposal of Syringes

POLICY DETAILS	
POLICY NAME	Intravenous Use and Disposal of Syringes
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.2 (g), (h)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

Intravenous syringes must be kept in the medication fridge at all times. Exception to the policy shall be when for example an insulin dependent resident is going to be out of the residence and needs to self-medicate.

Procedures

Staff shall ensure that:

1. Used syringes are disposed in a government regulated canister kept in an accessible space in the staff office or bathroom, or a canister may be provided directly to the client.
2. The canister when full shall be disposed of at the pharmacy.
3. A new canister shall be purchased to replace the disposed canister.

10.5. Residence and Room Checks

POLICY DETAILS	
POLICY NAME	Residence and Room Checks
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.5
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.2.(i)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

It is the responsibility of all associated with the operations of the transition home to ensure high standards of health, hygiene and sanitation.

Staff and residents must ensure that the premises are clean at all times.

Staff are required to ensure on their shift that their work environment, resident rooms and the remaining facilities are clean, orderly and regularly sanitized, and to support the work of maintenance staff.

Procedures

1. Staff on shift shall take over a clean and orderly office from the exiting shift
2. Staff shall daily maintain a clean and sanitized environment
3. Staff shall complete room checks on every shift on a regular basis.
4. Staff will identify trouble spots and take required action. Examples:
 - Overflowing/blocked toilets
 - leaking faucets
 - flooding from misuse of shower curtains and/or overflowing toilets
 - light bulbs and tube lights needing replacement
 - All exits including exits from resident rooms are not blocked and that their belonging are properly stored
 - left out medications
 - making sure all beds and pillows have bed bug covers
 - food in resident rooms
5. Staff will maintain eye wash stations
6. Staff will inform the appropriate management of any issues requiring immediate attention. Note all other maintenance related items in the Maintenance logbook.
7. Support the cleaning and maintenance staff to facilitate conflict mediation as may be required.

10.6. Client Space and Distancing Policy

POLICY DETAILS	
POLICY NAME	Client Space and Distancing Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.6
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	9.3.1
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

This policy establishes guidelines to ensure adequate physical distancing and personal space for all residents, consistent with the Toronto Shelter Standards. This includes designated sleeping spaces, personal storage, and minimum spacing requirements between beds to provide a safe and dignified environment.

Procedures

Single Bed Assignment:

Each client will be assigned a single bed for their exclusive use. Bed-sharing is not permitted. Clients are encouraged to keep their personal items within their designated areas.

Personal space:

Bed assignments will remain consistent for the duration of the client's stay (unless otherwise determined in unique cases), minimizing the need to relocate clients and promoting a sense of stability.

Spacing between Beds:

In resident rooms that contain more than one bed, beds will be spaced according to the most current Toronto Shelter Standards, with a lateral separation of at least 0.75 meters (2.5 feet) between each bed.

The designated spaces between beds must remain clear and unobstructed.

Common Area and Resident Rooms Guidelines:

Resident rooms are to be used solely by the resident and should not be occupied as social or recreational spaces.

Common areas are available for socializing, dining, and other activities.

Clients are encouraged to use common areas responsibly, adhering to signage and staff guidance regarding occupancy.

Compliance and Adjustment

Staff will regularly monitor resident rooms to ensure compliance with Toronto Shelter Standards.

Clients will be informed of any updates or modifications to this policy as necessary to align with public health guidelines or resident capacity changes.

Conclusion:

By implementing these personal space and distancing guidelines, La Passerelle-I.D.É. aims to uphold a respectful, safe, and health-conscious environment for all clients. Adherence to this policy is essential for the well-being of all in the residence.

10.7 Food Safety

POLICY DETAILS	
POLICY NAME	Food Safety
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.7
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.2.(i)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. shall maintain high compliance with hygiene and sanitation standards in the food service program as per Public Health requirements for a commercial kitchen at all times.

Procedure

All Staff who prepare meals shall daily:

1. Sanitize the workstation counters and appliances with a mild solution of bleach and water after all meal preparation.
2. Sanitize the kitchen, freezer, fridge and storage area floors - swept and mopped with sanitation detergent as per cleaning schedule.
3. Sanitize dishes through the dish washer.
4. Sanitize the meal serving counters and dining tables and counters with a mild bleach and water solution
5. Check fridge and freezers for food spoilage and discard the spoiled items
6. Empty and sanitize garbage pails
7. Dispose garbage in doubled bags with not more than 20 lbs. of garbage in each bag
8. Take out frozen meats at the end of their shift to thaw in a proper tray placed in the fridge
9. Not leave any food supplies on the floor
10. Secure all containers with proper lids
11. Control cockroaches and mice through high sanitation measures and regular pesticide treatments
12. Handle food with proper kitchen gloves
13. Ensure that the bleach for the sterilizer and the enzyme liquid for the grease trap is not empty
14. Ensure that the grease trays on the grill are daily emptied
15. Take other common-sense interventions as prevention measures such as not leaving towels and or other combustible materials near the stoves

10.8. Responsibilities of Staff Preparing Food

POLICY DETAILS	
POLICY NAME	Responsibilities of Staff Preparing Food
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.8
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.2.(i)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

To ensure the smooth implementation of the food program throughout the week, the weekly Staff and the weekend part-time staff preparing food must work together.

The weekday staff must ensure that communication with the weekend staff is regularly maintained for the smooth operation of Food Services.

Staff must ensure compliance with the Canada Food Guide, Health and Safety, Hygiene and Sanitation standards and Fire prevention requirements.

Responsibilities

The **Staff preparing food** under the direction of the manager is responsible for:

1. Following the weekly menus
2. Compiling the grocery list in consultation with the manager based on the menu in a timely manner for the purchase of groceries, including items for special dietary needs of clients.
3. Inventory control and circulation of donated food
4. Supporting the manager to set up of Exit Care Packages Ensuring that the food preparation meets hygiene standards
5. Ensuring that missed meals by residents are kept aside
6. Providing second helpings after everyone has been served once
7. Daily sanitizing the kitchen and all appliances with bleach and water solution
8. Daily checking the enzyme fluid for the Grease trap
9. Daily checking and getting rid of grease from the grill if used.
10. Daily checking the chemical supply to the Dishwasher
11. Resolving conflicts as they arise; dealing effectively with conflicts related to food servings, sitting arrangements and any other conflict that may emerge amongst residents during serving of meals
12. Informing the manager of sanitation supplies purchase prior to them finishing
13. Preventing spoilage of food
14. Not putting open containers or food supplies on the floor
15. Informing the manager of any items that need replacement
16. Keeping the Storage areas in order

17. Washing the kitchen dish towels, apron, oven mitts and jackets
18. In consultation and cooperation with the manager, arranging for a monthly clean up of fridges and freezers
19. Supervising the double bagging and disposal of garbage
20. Ensuring that the required mandatory courses by IDEA Training Collaborative are up to date and valid

Appendix: Daily Check List for Staff Preparing Food

[illegible]

10.9. Opening Access Doors

POLICY DETAILS	
POLICY NAME	Opening Access Doors
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.9
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	N/A
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

The Staff shall ensure the safety and security of all at the agency by allowing entry only to individuals after confirming their identity and the reason for entry. Residents will not allow entry of anyone into the building. Only staff can allow entry.

Procedure

Ground/Main Floor

Staff shall:

1. Respond to the buzzer indicating someone is seeking to enter the premises
2. View the image on the camera
3. Use the intercom and ask the person seeking entry to identify themselves and the reason for seeking entry
4. Ensure a visual identification on the Monitor
5. Allow entry after confirming their identity and purpose

10.10 Perfumes, Scents, Body Odour - *No Scents Makes Sense*

POLICY DETAILS	
POLICY NAME	Perfumes, Scents, Body Odour
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.10
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	N/A
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Volunteers, Residents

Policy

To promote the health and wellness of all employees, residents and volunteers shall not wear perfumes or body lotions with scents.

Some individuals have underlying primary or secondary environmental hypersensitivity disorder. Some individuals have allergies to perfumes and scents that result in headaches, nausea and other respiratory illness.

All employees, residents, and volunteers are expected to maintain personal hygiene to support a comfortable and respectful shared environment. Individuals should use non-scented personal care products, such as deodorants, to accommodate those with scent sensitivities.

Procedures

All shall:

1. Refrain from using perfumes or body lotions with scents
2. Request residents take additional body hygiene measures or wear non-scented deodorants
3. Inform and educate residents re. our policy
4. Support the residents and colleagues with sensitivity to perfumes and scents
5. Inform management of staff and residents sensitivity to perfumes and scents
6. Reinforce agency policy related to perfumes, scents and body odour at resident meetings

10.11 Custodial Services

POLICY DETAILS	
POLICY NAME	Custodial Services
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.11
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.3.1
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Clients

Policy

Residents at La Passerelle-I.D.É. are entitled to live in a safe and secure environment. La Passerelle-I.D.É. is committed to maintaining a safe, secure and hygienic environment through providing a documented cleaning schedule, access to additional day-to-day custodial services, as well as clear protocols for responding to emergency situations that require custodial services.

Procedures:

Residents: As a communal residence, residents living at the transition home are required to complete assigned documented and 'charted' chores on a regular basis. Residents are also expected to care for and wash their own linens – which are provided at Intake - and are assigned/ scheduled laundry days to do so.

Staff will provide relevant instruction to residents on how to best carry out chores, including guidance on how to clean/disinfect items or areas, as well as how to limit cross contamination when dealing with soiled linens. *Please see the following policies for more details on chores: La Passerelle-I.D.É.'s Contract of Terms and Conditions of Stay, & La Passerelle-I.D.É.'s Resident Chore Policy.*

Custodial: Beyond the responsibilities assigned to residents, La Passerelle-I.D.É. will ensure that regular custodial services are available seven (7) days per week and will maintain a cleaning plan documenting all services required and rendered. All maintenance and repair issues will be reported directly to management, as well as logged in the Shift Change Binder. If need arises to request emergency custodial services, staff will notify management immediately, as well as document the issue in the Shift Change Binder.

Cleaning Supplies: To support all custodial activities, staff will maintain adequate inventories of cleaning supplies and ensure all supplies are appropriately labeled and stored in a safe and secure location at all times when not in use by authorized staff or residents. Hazardous materials and related items must be inaccessible to residents at all times; if required for a chore, staff supervision is necessary.

Hazardous Materials: Staff will collect all waste safely and regularly to prevent odours or unsanitary conditions. The collected waste will then be stored in impervious containers with tight fitting lids: these

containers must be fitted with appropriate liners and cleaned regularly. These waste containers will be stored in a secure location prior to be disposed, collected or transported.

For the safe disposal of syringes and needles, a “sharps” container will be located where needles or sharps are used. Sharps containers may NOT be filled above the fill line indicated on the container, or if a fill line is absent then fill to three-quarters full. Staff who identify that a container is full is responsible to properly secure the container and dispose of it at the pharmacy and replace it with a new container. Further information on the intravenous use and disposal of syringes is detailed in La Passerelle-I.D.É.’s Medication Policy.

Responsibilities:

- Routine cleaning/chores: Residents
- Provide instruction for routine cleaning/ chores: Staff
- Custodial services (Emergency and otherwise): Staff, Management
- Chore List & Documentation of all custodial services: Staff
- Cleaning supplies: Staff, Management
- Sharps Disposal: Staff

10.12 Health Standards Policy

POLICY DETAILS	
POLICY NAME	Health Standards Policy
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.12
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.1, 11.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Volunteers, Residents

Policy

Residents and employees of the transition home are entitled to live and work in a healthy and safe environment. To this end, La Passerelle-I.D.É. is committed to ensuring that proper health and safety policies and procedures are in place to prevent and reduce the spread of infection and communicable diseases and to promote the wellbeing of all individuals in residence.

La Passerelle-I.D.É. will regularly monitor Toronto Public Health and other relevant health, and safety legislation updates to keep all policies and procedures relevant and provide educational updates or training to staff when necessary.

Procedures:

Infectious Diseases and Outbreaks

Infection control policies are central to maintaining a healthy and sanitary environment. To ensure comprehensive coverage of this issue, La Passerelle-I.D.É. has a separate policy and set of procedures for preventing or reducing the risk of transmission of communicable diseases. Reference may be made to La Passerelle-I.D.É.'s *Communicable Diseases Policy*

Training & Protective Equipment:

La Passerelle-I.D.É. will ensure that all Staff and Volunteers receive the necessary information and training to effectively implement all communicable disease control policies, as outlined in the *Communicable Diseases Policy*, and will maintain the adequate supplies of personal protective equipment on site (e.g. Respirator, goggles, disposable gloves etc.)

As a proactive measure, La Passerelle-I.D.É. recommends that all staff consult a health care professional about updating their vaccinations, including an annual Influenza vaccination and completing a TB skin test.

Handwashing

Regular handwashing is essential to reduce the spread of communicable diseases. As outlined in the *Communicable Diseases Policy*, La Passerelle-I.D.É. will promote frequent handwashing among staff and residents.

To encourage proper hand hygiene, La Passerelle-I.D.É. will ensure that all sinks have signage displaying the agency's recommended hand-washing technique. Soap and paper towel dispensers will be checked regularly, as either a custodial service or a resident chore.

As an additional precaution, La Passerelle-I.D.É. will provide hand sanitizing stations to supplement handwashing in high contact areas, as well as if water is not available. The hand sanitizer will be alcohol based and contain at least 70% alcohol. Staff will ensure that these stations are located where their use can be supervised by staff or volunteers to prevent the misuse or misapplication of the product.

Coverage and Security

- Staff must be on shift at all times during the residence's hours of operation. When on shift, all staff must be alert and attentive to the activities within the residence. Sleeping while on shift is prohibited.
- Staff will ensure that all individuals are safe and secure within the residence. Entrances must be secured against unwanted entry. Emergency exits must be equipped with an alarm to alert staff of unauthorized entry and exits.
- Staff will conduct regularly scheduled rounds during all hours of a residence's operations. Rounds include but are not limited to bedroom checks, bathroom checks and checks for secured and unobstructed entry/exits.

First Aid

- Staff will ensure that an approved first aid kit is available in the residence and a portable kit is taken on outings
- At least one (1) staff who holds a valid certification in Standard First Aid and CPR must always be on duty
- At least one (1) staff with a valid Standard First Aid and CPR certification on any field trip or outing.

Pest Management Program

Pest control policies are key in the prevention of pest infestations, and should any occur, are essential for an effective response. To ensure comprehensive coverage of this issue, La Passerelle-I.D.É. has a separate policy and set of procedures for pest management - see *Pest Control Policy*

Responsibilities:

- Training in the prevention of communicable diseases: Management, Staff
- Maintaining adequate stocks of protective equipment: Management, Staff
- Updating vaccinations: all employees and volunteers
- Maintaining soap and towel dispensers: Staff or Residents
- Maintain and monitor hand sanitizing stations: Staff
- Training in the prevention of pest infestations: Management, Staff

10.13 Communicable Diseases Education & Prevention

POLICY DETAILS	
POLICY NAME	Communicable Diseases Education and Prevention
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.13
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.1
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff, Volunteers, Residents

Policy

La Passerelle-I.D.É. shall take all steps necessary to reduce the spread of infection and communicable disease. La Passerelle-I.D.É. shall ensure that employees participate in agency education and training regarding the nature, causes, prevention and scope of the diseases. Employees are also encouraged to pursue their own education and awareness related to the above.

Procedures

Training

Employees shall:

- Participate in agency training related to communicable diseases such as HIV/AIDS, TB, Hepatitis B and C, Covid.
- Complete all the requisite training through Hostel Standards related to the prevention of communicable diseases.
- Fulfill their Public Health obligations by participating in clinics held at the shelter, if relevant, in case of exposure or see their family physicians and send the requisite results to the appropriate Public Health Department in a timely manner.
- Prevent the transmission of diseases by diligently practicing proper hand washing, personal hygiene, house keeping practices, food safety and the use of personal safety equipment, including but not limited to the use of gloves.

Cases or outbreaks of communicable diseases:

Employees shall:

- Inform management verbally and through an incident report
- Support the individual client or affected clients

Management shall:

- Inform Public Health
- Inform the funders and the Board
- Quarantine the residence for intakes and exits in consultation with Public Health
- Support the affected individuals and the employee

- Ensure the quarantine is properly maintained
- Inform all stakeholders once the quarantine is deemed as terminated by Public Health

Exposure to bodily fluids including blood:

Employees shall:

- Sanitize the exposed area
- Inform management
- Seek medical advice from attending medical emergency department at the nearest hospital and/or see their family physician immediately
- Inform and seek management support as needed
- Write an incident report and complete a WSIB claim

10.14. Materials Handling

POLICY DETAILS	
POLICY NAME	Materials Handling Policy and Procedures
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.13
DATE ISSUED/APPROVED	March 2025
PREVIOUS POLICY HISTORY OR LOCATIONS	N/A
SSHA REFERENCE	11.3.1 & 11.2(g)(h)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. is committed to maintaining a safe, secure and hygienic environment by ensuring that hazardous materials and other harmful substances are handled and disposed of in an appropriate manner.

Procedures:

Training:

- All staff will receive training in the safe handling of hazardous materials as well as be instructed on the proper procedures for reporting unsafe conditions, as set out in Ontario's Occupational Health and Safety Legislation.

Reference may also be made to La Passerelle-I.D.É.'s: Health Standards Policy and Custodial Services Policy

Waste: Handling and Disposal:

- Staff will collect all waste safely and regularly to prevent odors or unsanitary conditions, following received training requirements in safe handling and the use of personal protective equipment.
- The collected waste will then be stored in impervious containers with tight fitting lids. These containers must be fitted with appropriate liners and cleaned regularly. These waste containers will be stored in a secure location prior to being disposed, collected or transported.
- For the safe disposal of syringes and needles, a "sharps" container will be located where needles or sharps are used. Sharps containers may NOT be filled above the fill line indicated on the container, or if a fill line is absent then fill to three-quarters full. A Staff member who identifies that a container is full is responsible to properly secure the container and dispose of it at the pharmacy and replace it with a new container.

Cleaning Supplies:

- To support all custodial activities, staff will maintain adequate inventories of cleaning supplies and ensure all supplies are appropriately always labeled and stored in a safe and secure location when not in use by authorized staff or clients. Hazardous materials and related items must always be inaccessible to residents: if required for a chore, staff supervision is necessary.

Responsibilities:

- Provide training on safe handling: Management or designated Staff Member
- Stock and secure cleaning supplies: Staff, Management
- Report unsafe conditions: Staff, Management, Volunteers
- Sharps Disposal: Staff

10.15 Pest Control

POLICY DETAILS	
POLICY NAME	Pest Control
POLICY GROUP	Administration
POLICY NUMBER/CODE	10.14
DATE ISSUED/APPROVED	March 2025
PREVIOUS POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	11.3.2
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager
APPLIES TO	Management, Staff

Policy

To ensure La Passerelle-I.D.É. has the best integrated management available to prevent pest infestations, this policy outlines the measures in place to lessen the likelihood of infestation. Additionally, this policy specifically addresses bedbugs and provides a detailing of the measures in place to lessen the hazard of a bedbug infestation.

In the event a pest infestation is suspected and/or detected, La Passerelle-I.D.É. will ensure that proper steps are taken to address the issue immediately and to isolate the problem.

La Passerelle-I.D.É. is committed to maintaining a pest free environment, and to this end, all staff receive relevant training for the identification of common pests (e.g. Bedbugs, lice, rodents etc.), as well as relevant prevention and control measures.

If pests are detected, staff should initiate the appropriate procedures as promptly as possible. In the event of a serious outbreak, La Passerelle-I.D.É. will notify other residents in the community.

La Passerelle-I.D.É. will fully participate in any bed bug or other pest-related surveys conducted by Toronto Shelter Services.

Procedures:

General Measures

- As a preventative measure, La Passerelle-I.D.É. has contracted a licensed pest control company to conduct regularly scheduled inspections and treatment.
- Staff are responsible for documenting all pest sighting and/or evidence of infestations and reporting such sightings to Management.
- In the event that pests are detected, La Passerelle-I.D.É. shall inform Residents and Staff of treatment plans, including the treatment schedule and guidance concerning what precautions are required.

Bed Bugs

1. Preventative Intake Procedure:

- During the intake process staff should ask potential residences:
 - If they have been staying somewhere that has bedbugs. If yes, staff should notify the manager. Staff will then instruct new residents(s) to take all items to the dryer and spin dry all clothing/linens for at least 30 minutes on high temperature. Staff will also offer the resident(s) a chance to shower and instruct them to place worn clothing in a tightly sealed garbage bag to be laundered later.
 - Any items the resident has brought with them, that cannot be placed in the dryer should be put in a tightly sealed plastic bag and placed in a freezer at 9 degrees Celsius for at least 8 hours.
- *Bed Inspections:*
 - Residents' rooms will be inspected for any insects by staff during weekly room checks as well as a third-party pest control company.
 - Insect glue boards/Bed Bug Moats will be checked during weekly room checks as these function as early warning monitors. Making these checks for bed bugs is a critical component of having a safe, livable environment.

2. Treatment Procedures

Bedbug Suspicion:

- In the event of resident(s) report being bitten, staff will:
 - Check all bedding, pillows, mattress, box springs, and bed frames for any signs of bedbugs.
 - Mattresses must be wipe down and cleaned.
 - Resident(s) will be instructed to place all items into the dryer and spin dry for at least 30 minutes on high temperature, then package all items in clean garbage bag. Clients must shower and place worn clothing in a tightly sealed garbage bag to be laundered afterwards.
 - Resident(s) and staff will monitor room for any sightings of bed bugs, or bed bug bites.
 - Staff must notify the Manager, and will document the date, resident's name, description, room #, and which bed onto the Bed Bug Tracking Report (refer to Appendix A) and supply this information to the Manager immediately following the completion of the form.
 - The Manager will then document, on the Bed Bug Tracking Report (refer to Appendix A), the steps taken to manage and control the infestation.

Bedbug Sighting:

- In the event a resident(s) sees a bedbug:
 - A sample must be provided to the Manager for confirmation.
 - Upon confirmation, resident(s) will be asked to launder and bag all belongings. A steamer and/or vacuum will be made available for staff to steam/vacuum mattresses, box springs and bed frames in resident's room.
 - Resident(s) and staff will monitor the room. Staff will monitor any adjacent rooms for sightings of bed bugs, or bed bug bites and staff must notify the Manager.
 - Staff will document the date, resident's name, description, room #, and which bed has been affected onto the Bed Bug Tracking Report (refer to Appendix A) and supply this information to the Manager immediately.
 - The Manager will then document, on the Bed Bug Tracking Report (refer to Appendix A), the steps taken to manage and control the infestation.
 - In the event that bed bugs are still present, or resident(s) are still being bitten, outside pest control company will be called to inspect and/or treat room(s).

- Staff will then instruct new resident(s) to take all items to the dryer and spin dry all clothing/linens for at least 30minutes on high temperature.
- Staff will also offer the resident(s) a chance to shower and instruct them to place worn clothing in a tightly sealed garbage bag to be laundered at a later time.
- Any items the resident has brought with them, that cannot be placed in the dryer should be put in a tightly sealed plastic bag and placed in a freezer at 9 degrees Celsius for at least 8 hours or use the bed bug chamber which provides dry heat to the resident's belongings.

Responsibilities:

Preventing and managing bed bug problems necessitates an Integrated Pest Management (IPM) approach. It is the responsibility of all staff and management to undertake preventative measures, monitor and detect insect programs early; provide the necessary tools/equipment; educate and train people on how to deal with the issue and maintain ongoing vigilance in addressing this issue.

A violation of this policy may lead to disciplinary action up to and including termination.

11. Human Resources



11. Human Resources

11.1 Equity Hiring, Volunteering

POLICY DETAILS	
POLICY NAME	Equity Hiring
POLICY GROUP	Administration
POLICY NUMBER/CODE	11.1.
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Les politiques des ressources humaines
TSS REFERENCE	12.4 (a)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Transitional Housing Manager, Executive Director
APPLIES TO	Board Members, Management, Staff

Policy

Les politiques des ressources humaines

III (1.1) Équité en matière d'emploi et diversité en milieu de travail

11.2 Performance Management

POLICY DETAILS	
POLICY NAME	Performance Management
POLICY GROUP	Administration
POLICY NUMBER/CODE	11.2
DATE ISSUED/APPROVED	December 2021
POLICY HISTORY OR LOCATIONS	Politiques des Ressources Humaines
TSS REFERENCE	12.4 (a)
REVIEW DATE	March 2026
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Management, Staff, Board Members

Policy

Politiques des Ressources Humaines

1.8. Évaluation du rendement et développement professionnel

11.3. Progressive Discipline

POLICY DETAILS	
POLICY NAME	Progressive Discipline
POLICY GROUP	Administration
POLICY NUMBER/CODE	11.3
DATE ISSUED/APPROVED	December 2021
POLICY HISTORY OR LOCATIONS	Politiques des Ressources Humaines
TSS REFERENCE	12.4 (a)
REVIEW DATE	March 2026
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Management, Staff, Board Members

Policy

Politiques des Ressources Humaines

1.14 Mesures disciplinaires progressives

11.4. Staff Training

POLICY DETAILS	
POLICY NAME	Staff Training
POLICY GROUP	Administration
POLICY NUMBER/CODE	11.4
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Politiques des Ressources Humaines
TSS REFERENCE	12.4 (a)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director, Manager
APPLIES TO	Management, Staff, Board Members

Policy

The purpose of the Staff Training Policy and Procedure is to ensure all staff working at the transition home receive consistent and comprehensive training upon and throughout employment with La Passerelle-I.D.É..

La Passerelle-I.D.É. is committed to providing employees with the necessary training to ensure that they can fulfill their job responsibilities in a manner that is in line with La Passerelle-I.D.É.'s integrated, access and equity framework. In as much as possible, La Passerelle-I.D.É. will provide or arrange for professional development opportunities that would enhance employee knowledge, skills and abilities.

La Passerelle-I.D.É. will comply with all mandatory training requirements of provincial and federal legislation.

Procedures:

General:

- Management is responsible for ensuring that all employees have appropriate and current training in all required areas. This is described in the Toronto Shelter Standard's Appendix B Training Matrix
- Management will ensure that all Staff and Board Members receive refresher mandatory training no later than every five (5) years, or by the required recertification period – whichever is sooner.
- Management will maintain accurate training records for the staff and board members and document all staff orientation and emergency/drill exercises that are conducted.
- Where La Passerelle-I.D.É. is unable to provide training on certain subjects or topics, management will arrange training from another agency or other trainers who are qualified to deliver training on that specific subject matter, when possible.

- Management will keep all training curriculum descriptions and materials that have been completed by Staff and Board Members. This documentation will be available to Toronto Shelter and Support Services representatives, if requested.

New Employees:

- La Passerelle-I.D.É. will provide all new employees with an orientation within the first five (5) days of their employment. This will include the following key transitional housing policies and procedures, including:
 - Professional Conduct and Code of Ethics
 - Conflict-of-Interest Policy
 - Communicable Diseases
 - Client Rights and Responsibilities
 - Health and Safety Information - the transition home's emergency and evacuation plan
 - AODA Customer Service Requirements:
- La Passerelle-I.D.É. will ensure that all new employees have the appropriate training that is immediately required to effectively perform their work safely and in a professional manner.

AODA Training

- All employees (including volunteers, interns, students) must be trained on accessible customer service
- Training must be provided on an ongoing basis in connection with changes to policies, practices and procedures
- Training must include a review of the purposes of the Act and the requirements of this Regulation and instructions including:
 - How to interact and communicate with persons with various types of disability
 - How to interact with persons with disabilities who use an assistive device
 - How to use equipment or devices available on the provider's premises.
 - What to do if a person with a particular type of disability is having difficulty accessing our services.

Responsibilities:

- Ensuring that all staff have necessary training: Management
- Provide all new employees with an orientation: Management / Designated Staff
- Maintain accurate records of all training activities and exercises: Management
- Maintain all training related documents and materials: Management

11.5. Volunteer Program

POLICY DETAILS	
POLICY NAME	Volunteer Program
POLICY GROUP	Administration
POLICY NUMBER/CODE	11.5
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Politiques des Ressources Humaines
TSS REFERENCE	12.4.a.(ii)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director, Manager
APPLIES TO	Management, Staff, Board Members

Policy

La Passerelle-I.D.É. regards volunteers as a valuable resource to support its operations and governance, and to maintain a community profile and presence.

La Passerelle-I.D.É. will provide volunteer opportunities to those interested in contributing their skills to advance the vision, mission and mandate of La Passerelle-I.D.É., and the transition home, and to those who are newcomers and/or ex-residents to gain Canadian work experience to enhance their success re. integration and economic advancement.

All volunteers including ex-residents and student placements are required to comply with the agency Code of Ethics and Confidentiality Agreement.

La Passerelle-I.D.É. recognizes that volunteers on social assistance, including our ex-residents, experience economic barriers. Therefore, La Passerelle-I.D.É. shall recruit people on social assistance, in particular our ex-residents who are vulnerable due to:

- economic hardship
- trauma related issues
- language barriers

Definition and Guidelines

A volunteer is a person who freely gives their time and shares their skills and talents without remuneration.

We believe Volunteers:

- Make a valuable contribution and without them we would be unable to provide the supports and services refugee claimants and refugees need
- Are entitled to orientation, training, supervision, support, evaluation and recognition
- Have both rights and responsibilities

La Passerelle-I.D.É. has a commitment to maintaining volunteers throughout the organization. Therefore, volunteers will be actively recruited at all levels of the organization including:

- Programs and services
- Administration
- Special events
- Other areas as needed

Procedures

Roles and Responsibilities

The Manager shall:

1. Recruit and evaluate program volunteers for a six-month placement
2. Recruit and evaluate student placements
3. Recruit volunteers for Administration

The Executive Director shall:

1. Ensure the recognition of all volunteers annually

The staff shall:

1. Ensure the retention of volunteers in different programs by providing supervision and supports

Criteria for selection of Volunteers & Time Commitment

Any person who is:

- 16 years may apply for a volunteer placement in the agency

Volunteer Program Opportunities

The following program areas are identified for volunteer opportunities:

- Direct Service Volunteers shall provide supports to our residents
- Sanitation and Food Service Volunteers shall provide supports to maintain the health, hygiene and meals
- Donations Programs Volunteers shall provide support in the solicitation, inventory and distribution of donated items
- Administration Volunteers shall provide administrative supports to staff, management and Board
- Special Event Volunteers shall provide supports to cultural events such as the Holiday Season Program
- Others as needed.

Volunteer Recruitment & Selection Process

- Volunteer recruitment is open to anyone who meets the criteria for volunteer recruitment throughout the year.
- Selection of volunteers will be based on the outcome of an interview and in keeping with our commitment to the principles of employment equity. For applicants who are selected, a confirmation letter shall be given.

Volunteer Orientation & Training

- Volunteers shall be trained and oriented by respective staff in the program.

- Training & Orientation shall include:
 - Introduction to Organization: Mission & Framework
 - Agency Structure & Roles & Responsibilities
 - Volunteer Job Description and responsibilities
 - Policies:
 - Anti-racism, Anti-Harassment & Anti-Discrimination
 - Confidentiality Policy
 - Professional Standards/Code of Ethics & Conduct
 - Conflict of Interest
 - Policies & Procedures for Direct Service Volunteers

Volunteer Support, Supervision & Evaluation

Designated staff are responsible for providing supports and supervision to volunteers. The Manager is ultimately responsible for the Volunteer Program including dealing with issues and complaints, terminating a placement where required, exit interviews and the administration of the program including scheduling and maintaining volunteer records.

11.6 Student Placement Program

POLICY DETAILS	
POLICY NAME	Student Placement
POLICY GROUP	Human Resources
POLICY NUMBER/CODE	11.6
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	Politiques des Ressources Humaines
TSS REFERENCE	12.4.a.(ii)
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director
APPLIES TO	Management, Staff

Policy

La Passerelle-I.D.É. is committed to giving students from Community Colleges and Universities a supervised placement to acquire practical experience.

La Passerelle-I.D.É. student placements are a valuable volunteer resource and an integral part of the programs and services of the agency.

Student placements shall work along with staff to provide barrier free supports and services to refugee claimants and refugees.

Procedures

Roles and Responsibilities

- The Manager has the ultimate overall mandate and responsibility for the Student Placement Program.
- The **Manager** shall:
 1. Recruit and Select qualified student placements
 2. Liaise with the college and/or universities
 3. Develop the placement contract
 4. Provide an overview of the mission, mandate, structure and service model
 5. Provide supervision and evaluate the performance of the student placement
 6. Assign a mentor amongst the staff team of the individual program
- The **Staff** shall:
 1. Provide orientation and training
 2. Ensure the placement understands policies and procedures
 3. Ensure that the student gets supervision and supports
 4. Provide opportunities for supervised case management
 5. Provide evaluative feedback on the performance of the student placement

- The **Student Placement** shall:
 1. Be oriented to the agency structure, policies, etc.
 2. Comply with policies and procedures
 3. Participate in the goal setting and evaluation of the placement
 4. Complete the full complement of hours required by the college and/or university on the days and within the months specified by their school program
 5. Not be permitted to do placements hours outside of the set schedule in order for a student to complete the placement early
 6. Earn additional hours by participating in activities of the residence such as resident Meetings, Holiday Event planning committee meetings, etc.
 7. Comply with the terms of the placement contract and placement policies of the college and/or university

Eligibility Criteria for Student Placements

- The following eligibility criteria shall apply to qualify for a student placement at La Passerelle-I.D.É.. A student shall be:
 1. Enrolled in a community college and/or university program that is related to social work practice and/or a related field example Women/Gender Studies
 2. Committed to the mission and mandate of La Passerelle-I.D.É.
 3. Committed to the social justice issues of refugees and/or were themselves refugees
 4. Proficient in a second language
 5. Representative of the diversity of the refugee community and the diversity of Toronto

Student Placement Learning Opportunities

- All student placements shall have supervised opportunities to practice and critique their theoretical foundation by:
 - Conducting Intakes
 - Practising Case Management including case assessments, planning, implementation and evaluation
 - Practising Exits and Discharges
 - Learning about community resources for refugees through referrals, advocacy and escorts
 - Providing Conflict Resolution and Issue Management
 - Facilitating resident meetings
 - Getting an exposure to all programs – settlement, housing, outreach and follow up, food service and sanitation program
 - Providing practical supports to residents such as filling forms etc.
 - Getting an orientation to Refugee Law and related procedures
 - Getting an understanding of the settlement issues of refugees and new refugee claimants
 - Ensuring the health and safety of all associated with the residence by practising the security, fire prevention procedures, etc.
 - Practising documentation skills
 - Solidifying critical and analytical skills
 - Practice Report writing

Training & Supervision

- All student placement activities will be supervised. The student shall not counsel, assess, mediate conflicts or intervene in crises until it is determined by the manager that the student is fully trained.

Usually in the second term placement, the student shall be assigned case management responsibilities under the supervision of direct service staff.

- Each student shall have a mentor assigned for supervision. In the absence of the assigned mentor other team members will provide supervision.
- The student can access the Manager at any given time on shift for consultation.

Evaluation

- The Manager or designate and the college and/or university student placement officer shall evaluate the student at the mid-term. A final evaluation will be conducted at the end of placement. Students shall be given an opportunity to evaluate the placement agency and its operations.
- The Manager will review, edit, if required, and sign off on all student evaluations.

Appendix: Orientation & Training Check List for Relief, Part-Time & Student Placement

ACTIVITY	Provided By	Review By Manager	Date
1. About the Agency			
➤ Agency Mandate			
➤ History of Agency			
➤ Organizational Structure			
➤ Framework			
➤ Programs & Services			
2. About the Office/Building			
➤ Where is what?			
➤ Fax			
➤ Computer			
➤ Phones			
➤ Security & Door Releases weekdays & weekends			
➤ Operational Manuals			
➤ Mailboxes			
➤ Entire Building & Staff			
3. Refugee Context			
➤ Refugee Determination Process			
➤ Lawyer Referral Process			
4. Case Management			
➤ To-Do's			
➤ Daily Log			
➤ Daily Bed Chart			
➤ Eligibility & Admission			
➤ Shift Responsibilities			
➤ Breaks			
➤ Intake to Exit			
➤ Chores & Staff Responsibilities			
➤ Resident Meetings			
➤ Incident Reports			
➤ Common Referral Resource			
5. Administration			
➤ Vouchers			
➤ Petty Cash			
➤ Care Packages			

Staff: _____
 Signature: _____
 Date: _____

Manager: _____
 Signature: _____
 Date: _____

☐ *Provide Policies & Procedures

12. Emergency Policies & Procedures



12. Emergency Policies and Procedures

12.1. Extreme Weather

POLICY DETAILS	
POLICY NAME	Extreme Weather Guidelines
POLICY GROUP	Administration
POLICY NUMBER/CODE	12.1
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.5
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director, Manager
APPLIES TO	Management, Staff

Purpose

These Guidelines ensure that La Passerelle-I.D.É. is prepared to provide extreme weather responses that are in line with Toronto Shelter and Support Services requirements. The Extreme Weather Guidelines should be followed any time that weather conditions pose a risk for Residents. The Guidelines do not require that a Weather Alert, an Extreme Weather Alert or smog alert be declared.

Procedures:

The Medical Officer of Health, Toronto Public Health, is responsible for issuing Extreme Weather & Smog Alerts. During any Weather or Smog Alert, or when directed by Toronto Shelter and Support Services, La Passerelle-I.D.É. will:

- Divert resources as needed to ensure continued delivery of core housing and support services
- Ensure that at least one (1) air-conditioned cooling area is available to Residents during a heat-based Weather Alert/ Extreme Weather Alert
- Temporarily suspend a client service restriction, except in cases where Management and Staff determine that doing so poses an immediate threat or danger to another individual's health or safety, or the security of the residence
- Refer the service restricted Client to another resident in a manner that complies with La Passerelle-I.D.É.'s Referrals Policy

12.2 Emergency Preparedness

POLICY DETAILS	
POLICY NAME	Emergency Preparedness
POLICY GROUP	Administration
POLICY NUMBER/CODE	12.2
DATE ISSUED/APPROVED	March 2025
POLICY HISTORY OR LOCATIONS	N/A
TSS REFERENCE	8.5
REVIEW DATE	March 2028
RESPONSIBLE STAFF PERSON	Executive Director, Manager
APPLIES TO	Management, Staff

Please refer to the Emergency Preparedness Manual